

CAPTA 2021 Update

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State grant (section 106(b)(1)(C)(i)). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

VDSS continues to be eligible to receive Child Abuse Prevention and Treatment Act (CAPTA) funds.

As a result of the 2021 General Assembly session, there were three changes to the Code of Virginia that impacted child protective services. All changes become effective on July 1, 2021. The first change was to § 16.1-305 of the Code of Virginia which allows local departments of social services (LDSS) who are providing services or care for a juvenile access to information contained in the juvenile court files for the purpose of treatment, services or care of the juvenile. The Court Services Unit determines which information is shared with the local department. The second change was to § 16.1-228 of the Code of Virginia which aligns the definition of "abused or neglected child" in Title 16.1 with the definition of the same term in Title 63.2. This expands the definition of an "abused or neglected child" in Title 16.1 to include a child whose parents or other person responsible for the care of the child commit or allow to be committed any act of sexual exploitation. The third change was to §§ 63.2-1505 and 63.2-1506 of the Code of Virginia by allowing LDSS to disclose, upon request, to the child's parent or guardian the location of the child, provided that (i) the investigation or family assessment has not been completed; (ii) the parent or guardian requesting disclosure of the child's location has not been the subject of a founded report of child abuse or neglect; (iii) the parent or guardian requesting disclosure of the child's location has legal custody of the child and provides to the local department any records or other information necessary to verify such custody; (iv) the local department is not aware of any court order, and has confirmed with the child's other parent or guardian or other person responsible for the care of the child that no court order has been issued, that prohibits or limits contact by the parent or guardian requesting disclosure of the child's location with the child, the child's other parent or guardian or other person responsible for the care of the child, or any member of the household in which the child is located; and (v) disclosure of the child's location to the parent or guardian will not compromise the safety of the child, the child's other parent or guardian, or any other person responsible for the care of the child. These code changes do not affect the State's eligibility for the CAPTA state grant.

Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas (section 106(b)(1)(C)(ii)).

There are no substantial changes being made to Virginia's CAPTA plan this year. Several new initiatives have been added to the previously approved plan. Highlights of Virginia's new initiatives include:

- Increased technical assistance to LDSS on Child and Family Services Review (CFSR) Item 1 and Referral Time Open
- Implementation of a uniform safety plan template in COMPASS|Mobile that is based on the safety and protective factors identified on the Structured Decision Making (SDM) Safety Assessment Tool.
- Adoption of a universal service plan that will be utilized on all In Home Services cases (formerly known as CPS Ongoing, and Other Court Ordered cases) in the COMPASS|Mobile.

- Implementation of re-validated SDM tools at the conclusion of the National Council on Crime and Delinquency Research Center's Risk Assessment Validation study.
- Increased Technical Assistance to LDSS on Appeals, particularly in out of family settings.
- Implementation of Virginia's Family First Implementation Plan, including a redesign of Virginia's Prevention and In-Home Services Program.
- Launch of Virginia's new Mandated Reporter Portal for mandated reporters to submit reports of child abuse or neglect electronically.

Describe how CAPTA State grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan (section 108(e) of CAPTA).

In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the Community-Based Child Abuse Prevention (CBCAP) program. CAPTA State grant funds were used, alone or in combination with title IV-B, CBCAP, Temporary Assistance for Needy Families (TANF), Victim Of Crimes Act (VOCA), State General Funds, and other child welfare programs in three major areas: Safe Children and Stable Families; Family, Child and Youth Driven Practice, and Strengthening Community Services and Supports. The plan identifies areas of work that have been completed, items being currently worked on, as well as ongoing activities.

VDSS utilizes federal and state funding to deliver a variety of primary and secondary prevention efforts. Community-Based Child Abuse Prevention (CBCAP) (\$678,780.52) and state funds from the Virginia Family Violence Prevention Program (VFPVP) (\$500,000), totaling \$1,178,780.52 in combined funding support evidenced-based and evidenced-informed programs and practices. CBCAP and VFPVP funds are distributed through a competitive Request for Application (RFA) process for programs to provide statewide or locally based primary and/or secondary prevention services to prevent child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. In SFY 2021, a total of 19 programs were renewed from the initial award issued in SFY2019 that supports the following geographic areas (two programs serve more than one region):

- Eastern - Three programs serving: counties of Hampton, Newport News, Isle of Wight, York, James City, Williamsburg, Poquoson, Chesapeake, Norfolk, Portsmouth, and Gloucester
- Western – Five programs serving: counties of Giles, Floyd, Montgomery, Pulaski, Radford, Washington County, Wise, Scott, Norton, and Bristol
- Northern - Four programs serving: counties of Loudoun, Shenandoah, Page, Winchester, Clarke, Frederick, Warren, Alexandria, Falls Church, Manassas, Arlington, Fairfax, and Prince William
- Central - One program serving: counties of New Kent and Charles City
- Piedmont – Four programs serving: counties of Lynchburg, City of Roanoke, Salem, Botetourt, Craig, Roanoke County, Charlottesville, and Albemarle
- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

VDSS also utilizes TANF (\$1,136,500.00), General Funds (\$405,500.00), and Victims of Crime Act (VOCA) funds (\$4,500,000.00) from the Department of Criminal Justice Services (DCJS) to support Child Advocacy Centers (CAC's) across the state; the total awarded to CACs for SFY2020 is \$6,042,000. This funding enables CACs across Virginia to serve child abuse victims, expand as necessary, and expand geographic coverage ensuring as many children and families are served as possible. This funding amount

will not be sustained and CACs have been encouraged to designate funds toward sustainability efforts as subsequent annual awards beginning in SFY 2022 are expected to be significantly lower.

Eighteen centers continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Nelson, Franklin, Grayson, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Lexington, Charlottesville, and Waynesboro.
- Central – two programs serving counties of Chesterfield, Goochland, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George; and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving counties of Arlington, Fairfax, Rockingham, Shenandoah, and Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville, Brunswick, and Sussex.
- Western – four programs serving counties of Lee, Montgomery, Pulaski, Washington, Scott, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) is the statewide association which continues to provide training, support, technical assistance and leadership to the CACs and to communities in Virginia responding to reports of child abuse and neglect. The CACVA will develop the funding formula for the CACs for SFY 2022 based on criteria established by the Virginia General Assembly and includes CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

VDSS also supports a variety of early childhood home visiting programs and initiatives with federal and state funding. The General Assembly appropriates funding \$600,000 annually to VDSS to award funding to Early Impact Virginia (EIV), a statewide collaboration of early childhood home visiting programs and partners that serve families with children from pregnancy through age 5. EIV has the responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis. In 2019 the EIV Leadership Council and Virginia Children's Cabinet approved Virginia's State Plan for Home Visiting to guide the development of a comprehensive framework for coordination of early childhood home visiting program services and sustainable growth. In the fall of 2020, EIV completed the Virginia Home Visiting Needs Assessment to inform capacity and system building efforts for the EIV Leadership Council in order to finalize the Strategic Plan for Home Visiting in the spring of 2021. EIV's July 2020 annual report to the Virginia General Assembly can be found here: <https://rga.lis.virginia.gov/Published/2020/RD245/PDF>.

The Virginia General Assembly continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in 83 localities across the state. The goals of the Healthy Families Program continue to include improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2021. Awards were distributed to 32 Healthy Families sites based on a formula using the 2015 number of live births and the 2015 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide Healthy Families organization, Families Forward dba Prevent Child Abuse Virginia (PCAV) to provide training and technical assistance to local programs. Families Forward's Healthy Families Virginia (HFV) program is accredited by Healthy

Families America; therefore, HFV oversees all of Virginia's 32 local Healthy Families affiliates with technical assistance and quality assurance monitoring to ensure fidelity to the model. VDSS plans to explore utilizing additional TANF funding in SFY22 to support the convening of local stakeholders to explore development of new Healthy Families sites in localities with very high rates of child abuse and neglect that are not currently served with Healthy Families.

2021 Update

In addition to the prevention efforts mentioned above, VDSS participates and supports many child abuse prevention efforts throughout the year, but also specifically to recognize April as Child Abuse Prevention Month. VDSS' ongoing partnership with Families Forward served as the foundation for statewide child abuse prevention activities and to recognize April as Child Abuse Prevention Month. The pandemic served as a catalyst for additional targeted Child Abuse Prevention activities. Families Forward Virginia provided materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates and opportunities for engagement. They developed and disseminated their child abuse prevention advocacy agenda; led and participated in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services attended their advocacy days at the General Assembly, sharing stories of how prevention programs have changed their lives. Families Forward Virginia shared toolkit resources to advocates, home visiting leaders and trainees, and LDSS.

As operations and activities were curtailed by the COVID-19 pandemic, Families Forward Virginia made a number of activities virtual. In partnership with Families Forward, a prevention services campaign was launched in May 2020 which included a number of child abuse prevention resources specifically targeted to protecting children in times of isolation. Virtual information and flyers were made available to the Department of Education, LDSS and other community partners to promote statewide hotlines (Virginia Child Abuse and Neglect Hotline, Adult Protective Services Hotline, and the Family Violence and Sexual Assault Hotline) to support families. Additionally, a specific prevention campaign was targeted for older youth in July 2020. The campaign included four messages and images that were created with and vetted by older youth (ages 12 to 26) and was shared with community partners via social media platforms where older youth may be the audience.

The following table provides the statistics for public awareness/education activities provided by CBCAP funded agencies.

Public Awareness & Education Activities		
FY 2019 – CBCAP Programs		
Activity	# of Activities	# Reached
Prevention Month Activities including Blue Ribbon	65	49,894
Speaking Engagements	148	6,193
Radio/TV PSA announcements distributed for broadcast	5	94,000
Radio/TV Appearances	15	131,500

Newspaper Articles	62	378,000
Public awareness materials by CBCAP grantees (brochures, flyers, pamphlets, etc.)	772	53,977
Internet/web-based activities	712	544,328
Other Public Awareness	6	9,663
Parent Support Helpline	115	722
Totals	1,900	1,268,277

Child Abuse Prevention Month Proclamation:

Since 1983, the VDSS has provided leadership in Virginia’s annual observance of recognizing April as Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month. The April 2020 Proclamation can be found on the Governor’s website at <https://www.governor.virginia.gov/newsroom/proclamations/proclamation/child-abuse-prevention-month.html>.

Historically, VDSS, in partnership with Families Forward and other agencies host an annual statewide Child Abuse and Neglect Prevention Conference; however the April 2020 conference was cancelled due to the COVID-19 pandemic. Families Forward was able to develop and promote their Child Abuse Prevention Month toolkit to recognize Child Abuse Prevention month in a virtual manner.

Provide an update on the state’s continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder of CAPTA, as amended by the Comprehensive Addiction and Recovery Act.

As part of Virginia’s CAPTA Plan, VDSS has been at the forefront of ensuring the identification and treatment of substance exposed infants and ensuring that Virginia is meeting all requirements established by the 2016 Comprehensive Addiction and Recovery Act and the subsequent required changes in the CAPTA Plan. VDSS’ efforts include:

- Handle with C.A.R.E
VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group established statewide standards of care guidelines for pregnant mothers and substance-exposed infants and developed the plan of safe care outline.
- Report of Barriers to the Identification and Treatment of Substance-Exposed Infants

VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in Virginia. The complete report was submitted to the Secretary of Health and Human Resources. A consistent listing of barriers to treatment for mothers and SEI were noted across Virginia and helped lead to the 2018 legislative change of establishing the Virginia Department of Health as the state agency responsible for coordinating services for SEI.

- **Guidance and Training**
VDSS updated CPS guidance to mirror the 2018 legislative and regulatory changes. VDSS staff provided regional trainings to local department staff on legislative, regulatory, and guidance changes. VDSS staff and regional consultants also provided training on SEI and POSC at a number of public and private sector service agencies.
- **Plan of Safe Care Toolkit**
VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across Virginia to promote consistent implementation. The toolkit includes guiding principles of POSC, points of intervention chart, POSC flow chart, POSC template, and screening and resource information
- **Perinatal Substance Use: Promoting Health Outcomes brochure**
VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- **Maternal and Infant Initiatives State Partner Collaborative**
- **VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to Substance-Exposed Infants.**
- **SEI Awareness Week**
Beginning in July of 2017, the General Assembly passed a resolution declaring the first week in July each year as Substance-Exposed Infant Awareness Week. VDSS collaborated with the Virginia Department of Behavioral Health and Developmental Services to raise awareness of the declaration of SEI Awareness Week. VDSS will continue to partner with other agencies to raise awareness during this designated week.
- **SEI Decision Tree Tool**
VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regarding the screening of SEI reports..
- **eLearning Course**
An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The course provides best practices when responding to reports involving children affected by in utero exposure to alcohol or drugs and address the service needs of pregnant and parenting women and other caregivers who use opiates and/or other substances of abuse. Additionally, the course includes direct application of the practice profiles and trauma informed practice working with substance exposed infants and their families.
- **Subject Matter Expert Consultation**
CPS Program Staff have collaborated and provided Subject Matter Expert consultation with the internal Addiction and Recovery Workgroup at VDSS related to substance-exposed infants and plans of safe care. CPS Program Staff have also collaborated and provided Subject Matter Expert consultation, including serving as the co-chair of the Communication sub-committee, with the multi-disciplinary legislatively sanctioned Pathways to Coordinated Care Workgroup.

Provide information on any changes made to implementation and/or lessons learned from implementation.

Legislative clarifications and overt efforts by public and private agencies to properly identify substance-exposed infants across Virginia resulted in the second annual decrease in the number of substance-exposed infants reported to local departments of social services since 2013.

Year	2013	2014	2015	2016	2017	2018	2019	2020
Number of SEI Reported	985	1071	1099	1334	1543	1957	1577	1294

Legislative clarifications focused on the “medical impact” of the in utero substance exposure on the child. These changes to the Code of Virginia clarify that substance use by the mother in and of itself does not indicate the child is a substance-exposed infant or that child protective services intervention is needed. Legislative changes have also expanded the responsibilities of hospitals to ensure the development of a written discharge plan for the substance-exposed infant. This legislation was designed to improve the collaboration between the hospital and family.

Additionally, public and private agencies serving substance-exposed infants and their families have been working state-wide to improve collaboration and communication. VDSS serves on the Steering Committee of a state-wide workgroup, Pathways to Coordinated Care, led by the Department of Health. The workgroup consists of over 60 diverse members including public and private stakeholders and partners. The workgroup is focused on the needs of substance-exposed infants and their caregivers. The workgroup identified five re-occurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate and long-term objectives to achieve these goals. An example from the Screening Workgroup is to create a portal with all Plans of Safe Care that can be accessed by any provider involved in the patient’s care. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health. Furthermore, VDSS has been providing training to mandated reporters across Virginia on the screening criteria for reports involving allegations of a substance-exposed infant based on the SEI Decision Tree Tool developed by VDSS in 2018.

[Provide an update on any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation.](#)

As part of Virginia’s Federal Child Abuse and Prevention Treatment Act Plan and the subsequent changes required by the Comprehensive Addiction and Recovery Act of 2016, VDSS has participated in a breadth of collaborative work with public and private service agencies. VDSS’ endeavors include:

- **Handle with C.A.R.E:** VDSS served as a key stakeholder on the Handle with C.A.R.E work group. The work group was led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and facilitated collaborative work among DBHDS, VDSS, Virginia Department of Health, Department of Medical Services, Early Impact Virginia, Virginia Home Visiting Consortium, Managed Care organizations, Virginia Hospital and Healthcare Association, and prenatal care providers.
- **Report of Barriers to the Identification and Treatment of Substance-Exposed Infants:** VDSS developed this technical report as part of their leadership on the work group mandated by House Bill 2162 (2017) to study barriers to the identification and treatment of substance-exposed infants in Virginia. The report was the product of collaborative work between work group

members, town hall meetings, and an online survey.

- The work group was comprised of 56 members who were recruited from a variety of organizations, stakeholder groups, and sectors to ensure depth of knowledge and varying perspectives on SEI issues were represented.
 - Five town hall meetings were conducted across Virginia. Two hundred and forty four participants registered to participate in the town hall meetings, representing VDSS, LDSS, health departments, CSBs, hospitals, medical centers, educational institutions, home visiting programs, law enforcement, and early intervention service agencies.
 - The online survey was circulated to a variety of stakeholders and experts across Virginia. Participation in the survey was voluntary, responses anonymous, and no compensation was provided. The survey collected 134 responses.
- **Training:** VDSS staff and regional consultants provided training on SEI and POSC to a number of public and private sector service audiences, including Medication Assisted Treatment providers, the Court Appointed Special Advocate/Children's Justice Act (CJA) Citizen Review Panel, and home visiting programs.
VDSS has collaborated with the Children's Justice Act Coordinator regarding resource and support development for substance use in the home; the CJA Coordinator is considering additional subject matter expert training for the workforce. VDSS has participated in and continues to promote substance use disorder training.
- **Plan of Safe Care Toolkit:** VDSS developed and distributed a Plan of Safe Care Toolkit to local departments across in Virginia to promote consistent implementation across the state. The toolkit has also been distributed by the Department of Behavioral Health and Developmental Services to community service boards and medication assisted treatment providers across the state. Virginia has also shared the toolkit with other states to assist with their implementation.
- **Virginia Neonatal Perinatal Collaborative:** VDSS participates on this newly-formed general assembly supported multi-disciplinary committee. VNPC committee membership includes pediatricians, neonatologists, neonatal and pediatric nurse practitioners, NICU and nursery nursing staff, social service, public health, lay members, and others with interest in improving child health outcomes. The Virginia Neonatal Perinatal Collaborative (VNPC) was formed to ensure that every mother has the best possible perinatal care and every infant cared for in Virginia has the best possible start to life. The committee utilizes an evidence-based, data-driven collaborative process that involves care providers for women, infants and families as well as state and local leaders. VCPN distributed the Vermont Oxford Network's Process Improvement Bundle to hospitals across the state to track the length of stay for babies born with Neonatal Abstinence Syndrome. VDSS attended the first annual summit hosted by the VNPC in October 2017. VDSS participated in the second annual summit hosted in October of 2018 and presented in collaboration with Virginia Commonwealth University School of Social Work a poster presentation titled The Effects of a Sudden Unexpected Infant Death Preventive Intervention on Safe Sleep Practices.
VDSS attended the third annual summit hosted by the VNPC in October 2019 and attended the first virtual (4th annual) summit hosted by VNPC in October 2020. VDSS gave a presentation on substance-exposed infants and mandated reporting for the monthly VNPC Maternal and Infant Health Webinar in August 2020.
- **Perinatal Substance Use: Promoting Health Outcomes brochure:** VDSS developed and published this brochure for health care professionals regarding Virginia's legal requirements and health care practice implications.
- **SEI Decision Tree Tool:** VDSS developed and implemented a SEI decision tree tool to facilitate decision making with regards to the screening of SEI reports.

- **eLearning Course:** An eLearning course regarding family engagement and parental substance abuse was developed in collaboration with the Department of Behavioral Health and Developmental Services and the VDSS Training Division. The training is available to staff at VDSS, DBHDS, VDH, and other community partners who request access in the Virginia Learning Center. As of January 2020, 350 individuals have completed the CWSE6010: Working with Families of Substance Exposed training in the Virginia Learning Center.
- **Maternal and Infant Initiatives State Partner Collaborative:** VDSS participates in a monthly collaborative of key state stakeholders, including Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and Department of Health, to improve the statewide response to substance-exposed infants.
- **Automated Data System:** Enhancements were made to the automated data system (OASIS) to comply with CARA and NCANDS requirements regarding substance-exposed infants and plans of safe care.
- **Pathways to Coordinated Care:** VDSS serves on the steering committee of this legislatively sanctioned workgroup focused on the needs of substance-exposed infants and their caregivers. The workgroup is led by the Department of Health and has over 60 members from the public and private sectors. VDSS serves as the co-chair of the Communication sub-committee. VDSS continues its collaboration across systems to improve the response and services for substance-exposed infants. VDSS is an active participant in a large workgroup whose purpose is the development, coordination and implementation of a plan of services for substance-exposed infants in Virginia. The workgroup has a diverse representation of key public and private stakeholders. The workgroup identified five re-occurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate and long-term objectives to achieve these goals. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health.
- **Maternal Mental Health:** VDSS serves on this workgroup led by the Department of Health and provided technical assistance on the creation of Screening Guidelines for Postpartum Depression and Perinatal Mood and Anxiety Disorders as well as a maternal mental health tool that will be piloted this year through a partnership with PostPartum Support VA. The pandemic and a significant staffing change at the Department of Health have impacted this workgroup.

Provide an update on the state's monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.

The *Report of Barriers to the Identification and Treatment of Substance-Exposed Infants* identified monitoring of plans of safe care (POSC) and service delivery and referrals as barriers and made recommendations to improve the state's monitoring of POSC and service delivery and appropriate referrals for substance-exposed infants and affected family members and caregivers.

VDSS has been working internally and externally to improve the monitoring of POSC and provision of services for substance-exposed infants and their caregivers. Externally, VDSS has been an active participant and served on the Steering Committee of the Pathways to Coordinated Care workgroup helping to identify service needs for substance-exposed infants and mothers as well as supports and resources across Virginia. This resulted in the development of a state-wide plan for services comprised of five pillars: Screening, Data, Coordination, Education and Communication. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health.

Furthermore, Virginia made system enhancements to the automated data system to record and track the completion of POSC and service referrals and delivery to comply with National Child Abuse and Neglect Data System (NCANDS) as required by the Comprehensive Addiction and Recovery Act of 2016. VDSS utilizes this data for continued monitoring. VDSS also developed a new report in SafeMeasures® to assist local departments track the completion of plans of safe care. VDSS continues to promote the use of Plans of Safe Care; local agencies utilizing POSC have improved from 8% to 25%. The progress is encouraging; VDSS recognizes there is still room for more improvement.

[Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.](#)

Virginia has taken steps to address the amendments to CAPTA relating to sex trafficking since 2015. In December 2015, VDSS developed and published an online training course for all child welfare staff, community partners and the public on sex tracking and child welfare. VDSS also updated the automated data system to capture data on sex trafficked victims in December 2015. In January 2016, VDSS implemented new CPS guidance statewide that addressed sex trafficking as it pertained to universal screening of all children and services for victims of sex trafficking. Numerous webinar sessions were conducted to brief CPS staff on the needs of sex trafficked victims. On July 1, 2016, the Code of Virginia, § 63.2-100 added a new section to the definition of “child abuse and neglect” to include an identified victim of sex trafficking or of severe forms of trafficking as defined in P.L. 114-22. In April 2017, sex trafficking was added as a specific type of sexual abuse in the automated data system. Effective July 1, 2017, Virginia’s regulations included sex trafficking as a type of sexual abuse.

VDSS continues to identify, track, and serve victims of sex trafficking. The online training course remains available on the public domain. Since inception, 744 individuals employed with VDSS (state and local agency staff) have completed the online training. In addition, there have been 3,764 page views on the public domain. Virginia continues to use the automated data system to track victims of sex trafficking. Virginia provides sample trafficking screening tools and resources on working with victims of sex trafficking in CPS and Foster Care guidance. Virginia worked with the Virginia State Crime Commission on a statewide study on sex trafficking that was introduced and approved by the General Assembly.

Since 2011, 138 victims of sex trafficking have been identified in Virginia’s automated child welfare data system. In CY20, 32 victims were identified. The victims were predominantly female (97%), white (34%), and in their teens (91%) at the time of identification. In regard to race, 34% were white, 31% African American, 9% multi-racial, and 6% did not have race identified. In regard to age, 91% were between the age of 12 and 17 years, 3% were over the age of 18, and 9% were younger than the age of 12. Based on the most recent case type recorded for each child victim, 41% were involved in foster care, 6% in In-Home Services Cases (formerly known as CPS ongoing), 25% in Human Trafficking Assessment, 9% Family Support (formerly known as Prevention), and 16% had no case type reported, which may indicate that these youth were still involved in a CPS investigation or family assessment.

The Code of Virginia was updated in July of 2019 and LDSS are now required to respond to all complaints or reports of child sex trafficking. The Code of Virginia now establishes that the alleged victim’s parent, caretaker, or any other person suspected of trafficking a child may meet the caretaker criteria needed to determine the validity of a complaint or report of sex abuse involving sex trafficking. It also allows LDSS assume emergency custody of child victims of sex trafficking for up to 72 hours until the parents can be located and their ability to protect the child from the trafficker can be assessed.

As a result of this legislation, VDSS developed program guidance on the child welfare system’s new response to all complaints involving the human trafficking of a child. VDSS provided five virtual training

sessions on the new legislation and program guidance in June of 2019 to approximately 500 participants. Training was provided to ensure LDSS were prepared for implementation on July 1, 2019. Additionally, VDSS made regulatory changes to 22VAC40- 705 Child Protective Services to comply with the new legislation passed regarding the child welfare system's response to the trafficking of children in Virginia. VDSS also made a number of system enhancements to the child welfare information system, OASIS, in order to improve the system's ability to capture data on the prevalence of child trafficking. VDSS is participating in the Child Welfare Capacity Building Collaborative Continuous Quality Improvement Academy to improve our ability to provide regional technical assistance to local departments and support the integration of the CQI process and data-driven management concepts into their daily operations. In June of 2019, VDSS convened a child trafficking workgroup comprised of stakeholders from the public and private sectors to improve Virginia's response to the human trafficking of children and to expand the availability of services. The workgroup is now a subcommittee of the Anti-Human Trafficking Coordinating Committee and co-facilitated by the Virginia Department of Juvenile Justice. The workgroup has been meeting bi-monthly.

In CY20, LDSS completed 19 human trafficking assessments involving 23 children. The children involved in the human trafficking assessments were predominately female (87%), Caucasian (48%), and between 12-17 years of age (87%). In CY20, LDSS conducted 21 Child Protective Service investigations on allegations involving the human trafficking of a child. This was a continued increase (33%) in the number of investigations compared to CY19 when only 14 investigations were conducted statewide. In regard to disposition, 6 investigations were determined to be founded, 6 investigations were determined to be unfounded, and nine investigations did not have a disposition available.

COVID-19 impacts to the CPS program

The Governor of Virginia declared a state of emergency on March 12, 2020 and issued a Stay at Home order on March 30, 2020 in response to the COVID-19 pandemic. VDSS and LDSS were immediately activated to ensure the continuation of protective services. In the early phases of the COVID-19 pandemic, VDSS effectively prioritized and streamlined all efforts to address emergency tasks. VDSS worked to alleviate the burden falling on LDSS that provide critical services in our communities. VDSS prioritized efforts to provide critical guidance, resources and supports to the field through collaborative efforts and partnerships to address the unique risks and challenges of the unfolding pandemic. VDSS developed and disseminated job aids for conducting home visits during a pandemic; procured and provided doxy.me, a HIPAA compliant virtual platform and created resources to guide LDSS in conducting virtual visits when necessary. VDSS produced resources to support children, families and workers in navigating crisis and worked with partners to ensure child abuse prevention messaging was disseminated and made available to community members and professionals.

Resources and Job Aids

VDSS provided resources to the LDSS including an ongoing and frequently updated FAQ, tools and tip sheets, broadcast communications, self-care resources, and technological resources. The job aids were distributed to LDSS, uploaded on COMPASS|Mobile, and posted on the FUSION intranet.

- “Home Visiting Screening Flow Chart”, developed to provide screening questions for family services specialists (FSS) to ask about COVID-19 exposure and symptoms prior to and upon arrival of a home visit.
- “Tips for Home Visiting” guide, developed to provide health and safety tips for FSS when preparing for and arriving at home visits.

- “Virtual Worker Visits” guide, developed to provide guidance on how to virtually assess child and family well-being, the home environment, safety and protective factors, and develop a safety plan.
- “Preparing for a Virtual Worker Visit—Tips for Families” guide, developed to assist FSS in preparing families for virtual worker visits.

VDSS also compiled a resource list for parents and caregivers to collectively ensure well-being and safety for their children and family. While acknowledging the unprecedented pandemic and the significant impact of additional stress, anxiety, and isolation, the resource list provided vetted resources in the following areas: economic relief, financial and housing assistance, physical distancing practices, educational and learning from home support, and self-care.

VDSS also created a campaign to address concerns of family violence during the period of social isolation. Public service announcements included a series of social media posts and the creation of flyers that were provided to community partners and LDSS to share across Virginia to assist families with needed resources. The social media post and flyers provided the hotline numbers for Child Protective Services, Adult Protective Services and Family Violence and Sexual Assault.

Essential Personnel and PPE

The Governor declared family services specialists as “essential personnel” on March 25, 2020, which helped to some extent, in obtaining personal protective equipment (PPE) which was need to protect specialists when they visited with families. VDSS provided LDSS a tip sheet for personal protection during home visits with families. The document was uploaded to the COMPASS|Mobile app for easy access by frontline staff. VDSS also published a Broadcast with suggestions for LDSS on how to acquire PPE. Family services workers who responded to a survey sent in April 2020 indicated there was access to PPE in most offices. In some cases, the PPE was provided by the local department but in other cases the individual had to provide their own PPE. VDSS continues to provide ongoing support to LDSS related to obtaining PPE, tracking the purchase of PPE, and guidance on obtaining reimbursement for PPE. On May 1, 2020, VDSS issued a Broadcast for LDSS’ in the use of federal title IV-B and title IV-E administrative funds for PPE expenditures and the cost of cell phones. Most of the local departments closed offices to the public and maintained contact virtually and by phone. LDSS closures were regularly posted publicly on the VDSS website. Several smaller local departments had to close due to staff that tested positive for the virus; when the department closed, case work was covered by other local departments nearby.

Virtual Visitation

After receiving guidance from the Administration for Children and Families that virtual visits were acceptable when there were safety concerns that prohibited a face-to-face visit with the family, Virginia quickly procured doxy.me, a HIPAA compliant virtual platform. doxy.me is the only VDSS approved software for virtual face-to-face visits as it is HIPAA and HITECH compliant to enable the agency to comply with state and federal privacy and security laws and standards. Instructions were provided to family services specialists on how to set up an account and how to document contacts with families conducted using doxy.me in the case management system. Approximately 66% of family services specialists who responded to a survey sent out in July 2020 indicated less than 80% of their contacts with clients were virtual. VDSS committed \$287,000 to provide this tool at no cost to local departments and all

family services specialists who have been issued an Apple iPad for purposes of accessing the COMPASS|Mobile application have access to doxy.me.

Community Partnerships

Throughout the COVID-19 pandemic, VDSS has strengthened existing partnerships in targeted and intentional ways, including leveraging relationships and collaborative opportunities with other state agencies, advocate partner organizations, LDSS stakeholders, and non-profit providers and partners. In this way, our resources, guidance and tools for the field were able to be directly responsive to the rapidly changing needs of our workforce and communities during the crisis.

[Describe any technical assistance the state needs to improve practice and implementation in these areas.](#)

Now that Virginia has implemented legislation passed in 2019 mandating a universal response by the LDSS to all complaints or reports involving the trafficking of a child, VDSS needs Subject Matter Experts to assist with the development and implementation of a statewide training on utilizing a trauma-informed approach when working with child victims of trafficking and their families.

As Virginia continues to focus on improving the functionality of the State Hotline and continues exploring moving toward a centralized intake system for Virginia, technical assistance in the form of peer-to-peer support from other states with state-run hotlines and centralized intake systems would provide Virginia with the opportunity to learn about the practices of other states' and assist with Virginia's implementation.

[Provide information on the planned use of the supplemental CAPTA State Grant funding received through the American Rescue Plan.](#)

VDSS was allocated \$2,523,805 in additional CAPTA funding to be used through September 30, 2025. VDSS intends to utilize the funding to enhance intra-department collaboration, particularly with Departments who provide benefit programs for families (SNAP, TANF, Child Care, etc) and 2-1-1 to connect families with resources versus a child protective services call when appropriate. VDSS intends to utilize the funding to implement a predictive analytics/artificial intelligence program to assess a caller's need at the first intake to a call to one of the multiple VDSS hotlines (CPS, 2-1-1, Benefits, etc). VDSS expects to update existing technology systems to implement this program. The expected outcomes of utilizing this supplemental CAPTA funding are:

- Implementation of a predictive analytics/artificial intelligence model within our State CPS/APS hotline
- Reduced number of poverty-adjacent CPS reports
- Increased number of families connected to programs to meet basic needs (food, housing, child care, etc.)

DFS will comply with annual reporting requirements through the annual CAPTA report in June of each year, and through the submission of the SF-425 Federal Financial Report through the Payment Management System in December of each year.

CAPTA

Virginia State Plan

The Child Abuse Prevention and Treatment Act (CAPTA) was reauthorized in 2010, Public Law 111-321. States are required to prepare and submit a state plan that will remain in effect for the duration of the state's participation in the grant program. The Plan must be prepared and submitted annually describing how the funds provided under CAPTA were used to address the purpose and achieve the objectives of the grant program (section 108(e)). In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the goals and strategies outlined in Virginia's Program Improvement Plan (PIP).

Using the format from Virginia's CFSP, the CAPTA Plan will highlight activities in two areas from the five-year plan as well as other strategies that address the purpose and objectives of the CAPTA program areas. The strategies are:

1. Engage Family, Child and Youth-Driven Practice

Goal: Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused, and Culturally Competent Approach

2. Managing by Data and Quality Assurance

Goal: Create a performance management system that utilizes data to inform management, improve practice, measure effectiveness and guide policy decisions

Strategies will be updated yearly or as activity occurs.

I. Safe Children and Stable Families

These strategies strive to assure the safety of children within their homes, protect children in at risk situations, and ensure they are protected from abuse and neglect in a permanent setting responsive to their well-being. It preserves and strengthens intact families who ensure the safety and well-being of their children. It strives to prevent child maltreatment among families at risk through the provision of supportive family services.

- **Applicable CAPTA program areas described in section 106(a):** 1. The intake, assessment, screening and investigation of reports of child abuse and neglect; 2. Improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; 3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; 4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response; 5. Develop and update systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange; 7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protections system, including improvements in the recruitment and retention of caseworkers; 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect; 14. Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies.

Goal: Protect Children At-Risk of Abuse and Neglect

A. Improve local department staffs' abilities to assess initial safety and risk

1. Assess and review how local CPS workers have implemented the new intake tools that became effective July 2011 **Completed**
2. Hold focus groups with local supervisors and workers to assess and identify any areas of concern or need for clarification **Completed**
3. Clarify and disseminate revised policy/guidance manual, as-needed **Completed**
4. Work with the Quality Assurance Unit to evaluate the extent to which initial safety and risk assessments are being completed correctly and within the required timeframes **Ongoing**
5. Develop new intake measures into SafeMeasures® to determine how well LDSS are implementing the new intake tools. **Completed**
6. Provide refresher training, as-needed **Ongoing** Note: New formal classes now available. For CPS it is CWS2001R, a combination of an e-learning pre-requisite and two-day class room training.
7. Review and evaluate statewide and by locality the number and percentage of cases being screened out. **Ongoing**
8. Develop and implement a method to review a sample of screened out cases to determine level of agreement. **Completed**
9. Clarify and disseminate policy/guidance regarding safety planning and acceptable safety plans **Completed**
10. Provide training for local staff on any changes made **Completed**
11. Work with the training unit to design, test, and disseminate an e-learning course for all SDM tools to include intake, safety and risk **Completed**
12. Plan and conduct regional training sessions for child welfare workers on advanced injury identification to help workers better assess safety and risk. **Completed**
13. Provide additional guidance to the field on what constitutes “credible witnesses” and dispositional assessments **Completed**
14. Establish a workgroup to research the barriers around getting full body scans ordered and reimbursed for siblings or other children residing in the home in order to identify healing injuries **Completed**
15. Assess and review the data for highest priority responses and reports that involve a child less than one year of age that are assigned to the family assessment track and update CPS guidance accordingly **Modified due to legislative changes**.
16. Collaborate with the Training Unit to develop a specialized training for those staff performing on-call duties. **Completed**
17. Create new e-learning course for advanced injury identification for all child welfare staff. **Completed**
18. Create template for Plans of Safe Care (POSC) for SEI. **Completed**
19. Revise CPS guidance to require 24-hour response for any report involving a child less than 2 years of age. **Completed**
20. Create a subgroup of the Child Protective Services Policy Advisory Committee to develop a uniform safety plan that can be incorporated into the new CCWIS (COMPASS) and that compliments the safety and protective factors identified through use of the SDM Safety Tool. **Completed**
21. Create a workgroup as part of the Program Improvement Plan (PIP) targeted at Goal 2: Safety—Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues to prevent reoccurrence and prevent placement and re-entry when possible. **Ongoing**

22. Development and implementation of a uniform safety plan template for incorporation into the new CCWIS (COMPASS) Mobile Solution that is based on the safety and protective factors identify through the use of the SDM Safety Assessment Tool. **Ongoing**
23. *Implementation of re-validated SDM tools at the conclusion of the National Council on Crime and Delinquency Research Center's Risk Assessment Validation study.* **Ongoing**

2021 Update

Managing by Data and Quality Assurance

Each Practice Consultant reviews the monthly performance of the agencies in their region by pulling the cases data each month. They then rank the agencies based on performance. The lowest performing agencies receive targeted technical assistance. The targeted technical assistance includes individualized data review and analysis, review of compliance with program guidance, and identification of additional strategies to improve their performance. At-risk agencies vary depending on measure and month.

There are two measures we have primarily focused on in 2020:

- CFSR Item 1- Timeliness of initial contact with victim and assessment of child safety.
 - 95 percent federal measure and 88 percent PIP measure. Practice Consultants are currently providing TA to any agency under the 88 percent threshold.
- Referral time open—referrals (FA/INV) not completed within the required timeframes (45-60 days).
 - 85 percent program measure. Practice Consultants are currently providing TA to any agency under this threshold.

Agency assistance/direct support collaborations-

- All agencies are sent their monthly data by their Practice Consultant.
- Agencies below the threshold outlined above receive targeted technical assistance from the Practice Consultant.
- The targeted technical assistance includes individualized data review and analysis, review of compliance with program guidance, and identification of additional strategies to improve their performance.

Program documentation-

- Monthly data of each measure is sent to the CPS program manager.
- The Practice Consultant will document all TA sessions with the agencies.
- The Practice Consultant will inform the Program Manager of any concerns with specific agencies as needed.
- The Practice Consultant will provide documentation of the TA Session to the Program Manager when requested.

Additionally, VDSS is preparing to add a uniform safety plan template based on the safety and protective factors identified in the SDM Safety Assessment Tool to the CCWIS (COMPASS) Mobile Application.

As part of Virginia's PIP, a workgroup was formed in November of 2018 focused on Goal 2: Safety. The workgroup is comprised of LDSS and other key stakeholders. The workgroup developed enhanced practice guidance related to improving the timeliness of initial response and the provision of safety services. Guidance enhancements include: required supervisory consultation prior to the expiration of the response priority, creation of a reasonable diligence checklist, changing Response 3 priority from 5 working days to 40 work hours, definition of "safety services," and documentation of safety services. VDSS's PIP Agencies installed this proposed practice changes in July 2019 and statewide implementation occurred in August of 2020.

B. Revise CPS guidance manual to include tools on how to more accurately and consistently assess initial child safety and risk including factors such as domestic violence, mental health issues, and substance abuse.

1. Obtain input from the CPS Policy Advisory Committee, the Office of Family Violence, and the Department of Behavioral Health and Developmental Services to ensure that the tools are assessing issues of domestic violence, mental health and substance abuse **Completed**
2. Revise, if needed, and incorporate these factors in the current safety and risk assessment tools and into the CPS policy/guidance manual **Completed**
3. Disseminate guidance and make necessary changes to OASIS **Ongoing**
4. Collaborate with VDSS' Office on Family Violence to develop a guidance manual section on domestic violence to include a definition of domestic violence, revised screening and assessment tools, interviewing the non-offending parent, the child and the alleged perpetrator, safety planning, and service provision **In Progress**
5. Train child welfare workers on the domestic violence protocol **Completed**
6. Provide "links" to the new DV guidance manual from the CPS policy/guidance manual **Completed**
7. Provide additional screening tools for use in substance exposed infant reports-- **Completed**
8. Add new information on standards of care for substance exposed infants and the substance abusing family members--**Completed**
9. Provide detailed information in guidance regarding Plans of Safe Care (POSC) to include who is responsible for managing the plan. **Completed**
10. Provide sample screening tool for trauma **In progress**
11. Modify the automated data system to include a means to report the development of a Plan of Safe Care. **Completed**
12. Development and implementation of Decision Tree Tools for Substance-Exposed Infants and Domestic Violence reports to improve consistency with validity determinations. **Completed**

2021 Update

VDSS continues to explore how to incorporate a Screening Tool Suite in the CCWIS (COMPASS) Mobile Application. This screening tool suite would include screening tools for trauma, domestic violence, sex trafficking, and substance abuse.

C. Evaluate local staffs' ability to improve response times to CPS reports

1. Develop and review reports in SafeMeasures® to assess how well staff are responding to reports of suspected child abuse and neglect as a result of the new policy/guidance that was implemented in July 2011. **Completed**
2. Develop a report in SafeMeasures® to assess how well staff are adhering to the new policy on timeframes for face to face contact with victims **Completed**
3. Review the reports generated through SafeMeasures® with CPS regional consultants and develop a plan to work with those individual localities having problems in responding to reports in a timely manner **Ongoing**
4. Clarify and disseminate policy/guidance manual, as-needed **Completed**

5. Provide consultation to LDSS on the use of the SDM tools, as-needed. **Ongoing**
6. CPS Regional consultants will review reports in SafeMeasures® monthly to monitor timeliness of all responses made by LDSS staff **Ongoing**
7. CPS Regional consultants will identify and prioritize problem agencies and workers **Ongoing**
8. Work with LDSS to develop and implement a plan to improve practice **Ongoing**
9. Provide feedback to LDSS on top performers for 100% compliance on various data measurements including face to face contact with victims within the response time. **Completed**
10. Provide helpful tips on practices which will improve response times and documentation of all contacts **Ongoing**
11. Conduct Agency Case Reviews to identify trends and issues regarding initiating timely responses. **Ongoing**
12. Revise SafeMeasures® report for contact with victims to identify children under age 2 are seen within 24 hours. **In Progress**

2021 Update

The number of referrals open longer than 45 days statewide decreased 8.5% from 65.5% to 57%¹ between 2019 and 2020. Timeliness of first completed contacts statewide increased 3.6% from January 2019 (80.7%) to January 2020 (84.3%). Timeliness of first completed contact with child victim(s) statewide has increased 5.7% from January 2019 (64.9%) to January 2020 (70.6%). The number of referrals not completed within the required time frames decreased significantly from 50.2% in January 2020 to 33.2% in January 2021. The timeliness of initial response has been one of the main focus area for CPS in Virginia. The targeted support and technical assistance from the CPS program and the regional practice consultants working with the LDSS represents the first increase in performance by the LDSS since 2012 for this item.

Timeliness of first completed contact with child victim(s) continued to increase statewide from 79% in January of 2020 to 84% in January of 2021. This represents the second consecutive increase in Virginia's performance on this measure since 2012.

The CPS Practice Consultants provide direct feedback to their respective LDSS regarding areas that have shown improvement and areas that continue to present opportunities for improvement. VDSS developed a public-facing Agency Dashboard for each locality providing the agency's performance on specific measures across all program areas. Two specific measures related to the timeliness of initial response are included on the Agency Dashboard.

Additionally, as part of Virginia's PIP, a workgroup formed in November of 2018 focused on Goal 2: Safety. The workgroup developed enhanced practice guidance related to improving the timeliness of initial response and the provision of safety services. Guidance enhancements include: required supervisory consultation prior to the expiration of the response priority, creation of a reasonable diligence checklist, changing Response 3 priority from five working days to 40 work hours, definition of "safety services," and documentation of safety services. VDSS created new report: CFSR Timeliness of First Contact with Victim in SafeMeasures® to assist PIP localities monitor their progress on the proposed practice changes and this report became available during this reporting period for all LDSS. VDSS's PIP

¹ SafeMeasures® Extract date 3/25/21

Agencies installed these proposed practice changes in July 2019 and statewide implementation occurred in August of 2020.

Each Regional Practice Consultant reviews the monthly performance of their agencies on this measure and agencies identified as performing under the identified threshold receive targeting technical assistance which includes individualized data review and analysis, program guidance compliance review, and identification of strategies to improve performance. The Regional Practice Consultants monitor the plans put into place with their agencies. Referral time open and Timeliness of initial response will remain continued focus areas during the next reporting period.

D. Develop strategies to support and sustain the practice change for CPS supervisors and workers on the use of the new intake, safety and risk assessment model.

1. Hold focus groups and/or survey local CPS supervisors to assess their continued needs
Completed
2. Develop tools for supervisors to use with workers to support the use of the structured decision making tools in casework practice. **Completed**
3. Hold peer support groups for supervisors to practice using this tool and conduct peer reviews of cases. **Ongoing**
4. Schedule and conduct refresher training as-needed. **Ongoing**
5. Develop an e-Learning course for all CPS staff on the use of structured decision-making tools used to assess intake, safety, risk assessment, and risk re-assessment **Completed**
6. Develop and conduct refresher webinar training on each of the SDM tools. This was incorporated into the refresher course, CWS2001R. Guided discussions regarding the assessment of safety and risk, determined through the use of the SDM tools, are included within the Curriculum-**Completed**
7. Review and revise CPS new worker training to increase the amount of time spent practicing the use of the intake, safety and risk assessment tools. **Ongoing**
8. Conduct risk tool revalidation and review of all SDM tools by the NCCD Research Center
Ongoing
9. Include review and practice of intake, safety and risk tools in CPS refresher course. **Ongoing**

CPS regional consultants conduct refresher training for local CPS workers as needed, particularly when an agency is identified as struggling with assessing safety and risk. This work is ongoing especially when there are new supervisors and/or workers.

The CWSE1510 Structured Decision-Making in Virginia course is a five module comprehensive on-line training course that covers Intake, Safety, Risk, Family Strength and Needs Assessment, and Risk Reassessment. This e-learning course assists workers in better understanding the purpose and process around the structured decision making tools and is available statewide. It is also a prerequisite for CPS new worker training.

2021 Update

The SDM validation study was completed in June of 2019 by NCCD Research Center. VDSS released the electronic version of the tools in the CCWIS (COMPASS) Mobile Application in April 2021. To support the use of SDM tools in case practice, particularly including families and youth to drive decision making, VDSS has made concerted efforts focused on SDM tools, peer-to-peer sessions, webinars and trainings, and technical assistance.

The revised SDM Intake Tool was successfully trained and implemented statewide in July of 2020. There were two live training webinars (July 21 and July 29 2020) which provided guidance on the requirements to utilize the SDM Intake tool to assess validity and ensure initiating investigations and family assessments is completed timely to address safety. This webinar was offered for family services supervisors and specialists and was recorded and placed in the Virginia Learning Center (VLC). The Training Unit updated the SDM Intake Tool online module with information on the revised SDM Intake tool to assess validity and ensure initiating investigations and family assessments is completed timely to address safety. This is a required training for all CPS workers.

Regional practice consultants hold monthly and quarterly peer-to-peer webinars in their region focusing on a variety of topics to provide guidance and peer-to-peer support to supervisors in their region. Meeting topics include the usage of the SDM and CANS, reiterating the existing requirements for use of SDM tools and reiterating that SDM tools help drive the decisions regarding risk, safety, service needs as well as monitor and track the progress of the family.

In preparation for the launch of In-Home services, a broadcast and several other communications were sent to LDSS encouraging all family services supervisors and specialists who have not previously completed CWSE1510: SDM Tool, to do so before the end of March 2021.

In December, VDSS launched In-Home practice by offering webinars for Directors and Supervisors and Family Services Specialists which provided an overview of In-Home practice which includes a foundation of ongoing, consistent, assessment practices with the SDM tools and CANS to guide our partnership with families to support children remaining with their parents, or with relatives if there are safety concerns. These webinars were well attended. A recording of the webinars was placed in the VLC for staff who could not attend the live session.

CPS and Prevention Program staff provided training at the December 2020 PIP meeting on decision-making in in-home cases. The training explored how values, beliefs, and attitudes influence decision-making and how to use available tools, like SDM and CANS, to guide decision-making. This training was subsequently provided as the first statewide “In-Home Support Webinar: Are you a random decision maker?” in December 2020 for family services supervisors and specialists. The webinar has been recorded and is available in the VLC.

In January, VDSS launched the 2021 In-Home Best Practices Series to support the implementation of In-Home Services. The first course, “In-Home: What Do you Need to Know?” included an overview of the alignment of our current CPS Ongoing practice with our new In-Home Services practice. This introductory webinar provides an overview of the In-Home Services framework and the use of SDM and CANS to identify safety needs, strengths, services, etc. to drive decision making with the family. This webinar was held three times in January, and is recorded and placed in the VLC for all staff to complete.

In February 2021, “*Collective Assessment and Planning*” included strategies to engage families and their support systems to jointly identify safety and risk concerns while prioritizing family structure. This webinar highlights the collective assessment and planning framework, focusing on the use of SDM and CANS in decision making, driven by youth and family involvement, and how to connect to our case practice. This webinar was offered “live” three times, and then recorded and placed on the Virginia Learning Center for all staff to complete.

In March 2021, “*Assessment-Driven Service Delivery*” included strategies to engage families and their support systems in assessing a family’s individual needs. This webinar focuses on the joint assessment process and utilizing the SDM and CANS tools to identify what services a family may need. This webinar

will also provide strategies to use the SDM and CANS tool consistently in an ongoing basis to monitor and track progress. This webinar was offered “live” three times, and then recorded and placed on the Virginia Learning Center for all staff to complete.

While the development of the technical webinars has been delayed due to programmatic delays in the rollout of the in-home redesign and implementation of the revalidated SDM tools (Safety, Risk, FSNA, and Risk Reassessment) in the existing child welfare information systems, VDSS is on track to complete the timeframes as outlined in the PIP.

The PIP topic with the corresponding course or webinar are listed below. The course descriptions includes the timing of when the courses were offered or will be offered.

Webinars Topics:

- a. Strategies used to meet timeframes when initiating investigations and family assessments and the impact on safety to the children. (**CWS2011W offered Feb 2021, FSWEB1055 offered March 2021**)
- b. Use screening and assessment tools in decision making. (**Random Decision Maker webinar, offered Dec 2020**)
- c. Provide examples on how to complete accurate SDM assessments that are driven by youth and family involvement. (**CWS5307W offered Sept. 2020 and Feb. 2021, CWS2011W offered Feb 2021**)
- d. Provide opportunities to discuss how SDM tools connect case practices in identifying safety needs, strengths, services, etc. (**Random Decision Maker webinar offered Dec. 2020**)
- e. Offer a supervisor-specific session focused on using SDM tools in decision making regarding safety, services, and quality visits. (**PIP SDM Supervisor webinar offered March 2021, FSWEB1054 offered Feb. 2021**)

Course Descriptions

"In-Home Support Webinar: Are you a random decision maker?"

This 1 hour recorded webinar is designed for child welfare staff. It will help workers explore how they make decisions on in-home cases. Factors that influence decision-making, including bias and the use of standardized tools, will be explored. The completion of this recorded webinar participants will understand why it is important not to be random decision makers on in-home cases.

Offered in December 2020

CWS5307W Assessing Safety, Risk, and Protective Capacities in Child Welfare, is for Child Welfare workers in Child Protective and/or Permanency programs. It focuses on practical and adaptive techniques for conducting fair and accurate assessments of safety and risk, and utilizing protective capacities to increase child safety and reduce risk in CPS and FC plans.

Participants will learn to:

- define safety, risk, assessment, and protective capacity
- distinguish between risk and danger
- assess and monitor safety at decision points across the service continuum throughout the life of a case
- intervene and serve based on level of risk and identified protective capacities

- understand the difference between an intervention and a service
- use a variety of solution-based strategies and tools to increase family and caregiver involvement in the creation of assessments, safety plans, and service plans

Offered in September 2020 and February 2021.

FSWEB1054: In-Home - Collective Assessment and Planning

In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns while preserving family structure. This webinar details a collective assessment and planning framework used to elicit and analyze all the key information known about a child and family at any given time into domains of: risks, safety, strengths and needs. Specifically, a discussion is held around how to undertake a balanced and collective assessment approach in partnership with the family and their support system in critically thinking about what happened, is happening, and what needs to happen to enhance the child's ongoing safety, permanency, and well-being prior to service plan development as it pertains to each of the three In-Home child safety scenarios.

Offered in February 2021

CWS2011W, Intake, Assessment and Investigation in Child Protective Services, is a live webinar course, consisting of three sections on three consecutive days. The webinar is highly interactive, including polling questions, small-group breakout sessions, and opportunities to ask questions of the instructors. There will be transfer of learning activities for completion after class daily. These after-class activities will take approximately 30-60 minutes to complete. At the end of the 3-day webinar, a post-test will be administered which must be completed with 80% proficiency.

In this course participants will learn: Practical skills and techniques for interviewing children and their families in child abuse and neglect assessments and investigations; Best practices to be used throughout the process of Child Protective Services including intake, assessment, and investigation; Interpersonal, family, and environmental factors that increase the risk of abuse and/or neglect; How to gather pertinent information to assess risk, safety, and service needs; How to interview children, non-offending caretakers, and the alleged offending caretaker in assessments and investigations; How to assess information gathered to make safety plans; How to assess information gathered to make informed case decisions, dispositions, and identify service needs.

Offered in February 2021

FSWEB1055: In-Home – Assessment Driven Service Delivery

In-Home prioritizes providing families with easily accessible, individualized services to reduce the reoccurrence of child maltreatment and out of home placement. This webinar details how to prioritize an array of needs-driven evidence-based, trauma informed services through a collaborative effort of assessing and planning with the family and their support systems in initially identifying and continually prioritizing and revising service delivery through the ongoing identification of achieved needs and/or newly identified needs as it pertains to the three In-Home child safety scenarios.

Offered in March 2021

PIP SDM Supervisor webinar:

VDSS Program Staff conducted a webinar training targeted for child welfare supervisors that will focus on the use of SDM tools to guide decision-making regarding child and family safety, services, and quality visits. This training will aid in the supervision of adaptive and technical strategies plus provide activities that will promote the optimal use of the SDM suite of tools in child welfare practice. Some of the strategies and activities that are included are: how to review SDM tools in individual or group supervision, challenging workers to consider how SDM decisions can be used when they feel stuck on a case, using SDM decisions to prepare for court, and enhancing family engagement through the use of SDM tools.

Offered in March 2021

CWSE1510: Structured Decision Making in Virginia

This online five module course introduces Child Protective Services (CPS) workers to the Structured Decision Making (SDM) tools used to guide critical decisions in CPS such as, “How quickly do I need to respond?”; “Is this child safe now?”; “What is the likelihood of repeat maltreatment without intervention?”; “What services are needed?”; and “Is it safe to close the case?”. The purpose of the course is to increase the worker’s knowledge of the SDM tools and the worker’s skills to access and complete the tools in OASIS. This course emphasizes the importance of documentation that supports the tools and the critical decisions made in CPS. The five modules in this course include; Module 1: Introduction and Intake, Module 2: Safety Assessment, Module 3: Risk Assessment, Module 4: Family Strengths and Needs Assessment, and Module 5: Risk Reassessment. In each module workers will learn to use the tools in making critical decisions in working with families; locating the tools in OASIS; and understanding the importance of using the definitions. Workers will learn how to complete each tool using scenario based practice. Target Audience: All Child Protective Services workers (including on-going workers) and supervisors. All five modules must be completed in order to obtain a completion certificate for the course.

E. Improve local department staffs’ abilities to conduct service needs assessments and develop relevant service plans.

1. Review SDM family strengths and needs assessment tools to ensure consistency with VA regulation and policy **Completed**
2. Obtain input from the CPS Policy Advisory Committee **Completed**
3. Request assistance from the In-Home NRC to review current policy/guidance manual and recommend changes **Completed**
4. Revise on-going services section of CPS guidance to enhance and strengthen workers ability to assess and provide services to families by providing tools to support on-going assessment, risk reassessment and service planning for children and families’ service needs **Completed**
5. Disseminate the revised policy/guidance manual. **Completed**
6. Provide clarification to LDSS staff on procedures and requirements for determining if a child is a reasonable candidate for foster care **Completed**
7. Develop and conduct training statewide on determining reasonable candidacy for foster care **Completed**
8. Develop and conduct webinars to further disseminate the procedures and requirements for determining reasonable candidacy for foster care **Completed**
9. Develop an e-learning course on reasonable candidacy for foster care **Completed**
10. Create new screen in OASIS to allow for electronic documentation of reasonable candidacy of foster care **Completed**

11. Participate in the Learning Collaborative Services on Enhancing Service Assessment, Planning, and Delivery of services **Completed**
12. Implement Practice Profiles, Assessment Tools and a Coaching model **Ongoing**
13. Create new service plan documentation within OASIS that will incorporate results of the FSNA and Risk Reassessment tools. **In Progress**
14. Conduct statewide training once the new OASIS screens are complete. Scheduling for Fall 2017 **Ongoing**
15. Continue practice model reform through implementation of the Practice Profiles and coaching model **Ongoing**

2021 Update

The Prevention Services program spent a significant amount of 2020 finalizing the In-Home Services program guidance and alignment which includes the prevention services workflow, prevention services planning, case management processes. A subset of the Prevention Advisory Committee, the In-Home Services workgroup, was instrumental in making final recommendations for the In-Home Guidance throughout this reporting period. The In-Home Services program represents the alignment of our former CPS Ongoing and Prevention Practices and ensures the practice is consistent with requirements of the Family First Prevention Services Act (Family First). The In-Home Services framework is structured around three “safety scenarios” where there is a consistent set of practice, assessment, engagement and monitoring to ensure that families identify the services they need, are connected to those services, and monitoring occurs to support the family.

- Child or youth maintained with parent(s) or relative/kin caregiver(s).
- Child or youth temporarily maintained with relative/kin caregiver(s) and will return to the parent(s) or caretaker/guardian(s) within six (6) months.
- Child or youth permanently maintained with relative/kin caregivers(s).

At the beginning of the case, and every 90 days thereafter, FSS will complete the suite of tools (CANS, Safety and Risk Assessments, service plan, candidacy determination) in conjunction with family team meetings to assess and monitor progress of the family. Additionally, the guidance establishes uniform training requirements for all In-Home Services workers and supervisors.

The guidance began the final review process in November 2020 and is expected to be released in April 2021. A comprehensive communication and change management strategy was developed to assist the LDSS in preparing for the implementation of the In-Home Services Guidance in April 2021. The communication and change management strategy launched in October 2020 and includes an In-Home Services Best Practices Webinar Series, Technical “Lifeline” webinars, In-Home Support webinars to focus on the adaptive and technical changes while offering peer support, written updates and information in bimonthly newsletters, tip sheets, and ongoing regional support through the practice consultants.

- F. Develop and implement statewide training for CPS supervisors and workers on the use of new assessment tools for family strengths and needs, service plans and risk re-assessment**
- a) Develop training curriculum **Completed**
 - b) Select and train trainers, to include CPS regional consultants and State training staff **Completed**
 - c) Develop statewide training schedule **Completed**
 - d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

2021 Update:

The guidance began the final review process in November 2020 and is expected to be released in April 2021. A comprehensive communication and change management strategy was developed to assist the LDSS in preparing for the implementation of the In-Home Services Guidance in April 2021. The communication and change management strategy launched in October 2020 and includes an In-Home Services Best Practices Webinar Series, Technical “Lifeline” webinars, In-Home Support webinars to focus on the adaptive and technical changes while offering peer support, written updates and information in bimonthly newsletters, tip sheets, and ongoing regional support through the practice consultants.

In preparation for the shift in practice, VDSS required family services specialists and supervisors to complete (if not already done so) prerequisite courses to include: CWSE1006: Reasonable Candidacy, CWSE1510: Structured Decision Making, CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare; and Virginia Child and Adolescent Needs and Strengths (CANS) Assessment training and certification; and CWS1071: Family-Centered Case Planning. These prerequisites are already required courses for family services staff. In addition to ensure the aforementioned courses were completed, the Division developed the 2021 Child Welfare Best Practices Webinar Series for In-Home Services and will launch in January 2021. The Webinar Series will advance learning on key skills required to demonstrate optimal practice for all family services specialists. These instructional webinars will focus on child welfare best practices to improve outcomes for children, youth, and families in our communities. In addition, a “Practice Place” interview session will feature a subject matter expert from the field who will share their own obstacles, triumphs, and advice regarding the highlighted webinar topic. Each of the webinar sessions lasts 90 minutes and includes essential job aids and resource materials to enhance practice. In addition, all of the webinars will be recorded for online viewing in the COVLC at a later date.

- **In-Home: What Do You Need to Know?**
In-Home is an alignment of CPS Ongoing and Prevention Services that prioritizes family preservation through meaningful partnerships with families and their support systems to ensure child safety, permanency, and well-being. In particular, In-Home structures all case practices around three child safety scenarios: a child living in his or her own home; a child living temporarily with a relative (kin); or a child living long-term with a relative (kin) with regular visitation with parents. This introductory webinar commences an instructional series that provides an overview of how In-Home services focuses on specific, integrated strategies directed towards teaming engagement efforts, collective, streamlined assessment decision-making, behavior-based safety goals, and needs-driven service provision.
- **In-Home: Collective Assessment and Planning**
In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns while preserving family structure. This webinar details a collective assessment and planning framework used to elicit and analyze all the key information known about a child and family at any given time into domains of: risks, safety, strengths, and needs. Specifically, a discussion is held around how to undertake a balanced and collective assessment approach in partnership with the family and their support system in critically thinking about what happened, is happening, and what needs to happen to enhance the child’s ongoing safety, permanency, and well-being prior to service plan development as it pertains to each of the three In-Home child safety scenarios.
- **In-Home: Assessment-Driven Service Delivery**
In-Home prioritizes providing families with easily accessible, individualized services to reduce the reoccurrence of child maltreatment and out of home placement. This webinar details how to prioritize an array of needs-driven evidence-based, trauma informed services through a collaborative effort of assessing and planning with the family and their support systems in initially identifying and continually prioritizing and revising service delivery through the ongoing

identification of achieved needs and/or newly identified needs as it pertains to the three In-Home child safety scenarios.

- **In-Home: Behavior-Based Safety Goal Attainment**
In-Home prioritizes increasing protective factors to reduce the risk of future harm or maltreatment so that children can live safely with their families or with relatives (kin) in the children's own community. This webinar focuses upon specific, concrete strategies and actions used to effectively identify parental behavior changes and their impact upon the safety, permanency, and well-being of a child. Specifically, the webinar outlines ways to identify when an In-Home case is ready for closure based upon behavior-based safety goal attainment, rather than mere service completion or compliance. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Children and Youth in Assessment and Planning**
In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns; meaning children and young people are not exempt. This webinar explains the importance of utilizing the Three Houses Tool to help escort the voice of children and young people more fully into the information gathering processes, collaborative assessments, and service plans by providing a visual way of exploring what is happening in their lives, in relation to danger, safety factors, and hopes for the future. In addition, the Three Houses Tool helps parents and their support systems identify their strengths, hopes, vulnerabilities, and identifies ways to help enhance safety. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Fathers in Assessment and Planning**
In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns; meaning, fathers are not exempt. This includes fathers who are living with their children, but would like to be more engaged with them, and fathers who are not living with their children full-time, or are incarcerated. This webinar details effective ways to engage fathers, addresses the implicit biases family services specialists may possess as a result of their own relationships with father figures, and most importantly, lists ways to immediately implement effective father engagement strategies. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Relatives (Fictive Kin) for Assessment and Planning**

Relatives are the preferred resource for children who must be removed from when they cannot live safely with their parents because it maintains the children's connections with their families in their own communities. This webinar details how to best support kinship care efforts and collaboratively address needs through service identification and delivery as it pertains to all individuals involved in the three In-Home child safety scenarios.

G. Create requirements for OASIS screens to reflect new CPS service needs assessment and service plans

1. Utilize workgroup to review OASIS screens and make recommendations for screen changes
Completed
2. Outcome Based Reporting and Analysis Unit (OBRA) will review what is currently in OASIS and the workgroup recommendations and determine if current screens can be modified or if new screens must be created **Completed**
3. OBRA and Family Services will meet to develop requisition to present to the Managing by Data workgroup (MBD) to approve screen changes. **Completed**
4. OBRA and Family Services will meet with MBD prioritize timing for screen changes in OASIS
Completed

5. Workgroup will review screen mock-ups and make recommendations for improved functionality **Ongoing**
6. Prior to release of the final build, the workgroup will conduct user acceptance testing in conjunction with local users **In Progress**
7. Develop and conduct a survey of users for the ease and functionality of the current SDM tools (Safety, Risk, Family Strength Needs Assessment (FSNA), and Risk Reassessment **Completed**
8. Analyze results of survey and make necessary changes to the SDM tools and the web application as needed **Completed**
9. User testing for the revised service plan will begin spring of 2021, final release anticipated in Fall 2021. **In Progress**
10. Statewide training for trainers and super-users will be conducted in August through September 2021, prior to service plan release.

2021 Update

January 14, 2021 OASIS changes were rolled out statewide to support the new prevention alignment and support for implementation of Families First. These changes were communicated and trained by various approaches to include an In-Home support webinar on February 3, 2021, a shared In-Home OASIS guide and an In-Home OASIS micro learning. In addition the program collaborated with our IT Portfolio team to hold three LIFELINES which are statewide virtual events for workers for hands on learning.

Item: New feature: Service Plan for Prevention cases

Change/Outcome: For Prevention cases with a Case Type of “In-Home (CPS: Ongoing Services)” or “Dual: In-Home & Foster Care (Dual: CPS & Foster Care)” a new icon, “Service Plan” is available in the tray. This functionality allows an existing Service Plan to be viewed, edited, renewed and signed from within the application.

Item: New feature: [Service Plan Job Aid](#)

Change/Outcome: This new job aid has been added. This can be located under the Job Aids icon from the mobile app home page and via the [COMPASS|Mobile](#) Fusion page.

Item: New Reminder: “Service Plan Renewal Needed”

Change/Outcome: The new, system generated, reminder has been added and is visible in COMPASS for Prevention case types of In-Home (CPS: Ongoing Services) and Dual: In-Home & Foster Care (Dual: CPS & Foster Care). The reminder can be seen (on applicable cases) in the Dashboard and the Reminders icon.

H. Revise policy/guidance on conducting investigations in Out of Family Setting

1. Establish a committee composed of local CPS workers and supervisors to review the current policy/guidance and identify areas needing revision or clarification. **Completed**
2. Request assistance from the NRC on CPS to review materials and make recommendations for changes
3. Solicit input from the Out of Family Advisory Committee to the State Board of Social Services **Completed**
4. Revise policy/guidance manual and disseminate **Completed**
5. Develop sample letters for informing parties about the outcome of the investigation for use by local CPS workers **Completed**
6. Revise guidance to incorporate legislative changes regarding Memorandums of Understanding between the schools and LDSS **Completed**

7. Provide a report to the State Board of Social Services on the MOUs submitted by LDSS **Completed**
8. Revise and disseminate guidance to incorporate changes made in legislation that mandate dispositions are made for school employees within the specified time frames **Completed**
 - a. Add additional clarification to CPS guidance for defining gross negligence and willful misconduct standards **In Progress**
9. Reconvene the Out of Family Advisory Committee and have annual meetings **In Progress**
10. Update CPS Program Guidance to reflect 2018 law changes related to out-of-family investigations of/findings against public school employees. **Completed**

CPS Guidance was updated to include 2018 law changes related to notifications in out-of-family investigations involving public school employees. VDSS also conducted statewide training for the LDSS on the changes before they became effective on July 1, 2018.

VDSS worked in collaboration with the Virginia Commission on Youth on their legislative study of CPS Investigations. The Commission on Youth made a number of recommendations to VDSS which fall in to two categories--training and guidance for hearing officers and CPS workers and ways to improve guidance for sexual abuse investigations against teachers. VDSS is in the process of identifying ways to incorporate the Commission's recommendations into practice.

CPS Guidance was updated and published in July 2019 to reflect the code changes that occurred in 2018 related to the notifications in out-of-family investigations involving public school employees. Additionally, in response to the Commission on Youth's recommendations regarding training for hearing officers, CPS Program staff met with the Appeals Division Director to discuss the need for additional training for hearing officers. The CPS Program recommended all CPS hearing officers complete the following training courses: CPS New Worker Guidance Training with OASIS, CPS Refresher, Sexual Abuse, Sexual Abuse Investigation, and CPS Appeals. The Appeals Division agreed to the training recommendations. VDSS also updated the Out-of-Family Investigation brochure to reflect the code changes that occurred in 2018. VDSS is also in the process of updating their interagency MOU with Department of Education regarding out-of-family investigations.

2021 Update

VDSS updated their interagency MOU with the Department of Education regarding out-of-family investigations.

- I. Develop and implement statewide training for CPS supervisors and workers on the revised policy on investigating CPS reports in Out-of-Family Settings**
 - a) Develop training curriculum **Completed**
 - b) Select and train trainers, to include CPS regional consultants and supervisors **Completed**
 - c) Develop statewide training schedule **Completed**
 - d) Train all CPS supervisors and workers on use of new policy/guidance **Completed**

2021 No Update

- J. Review/enhance current policies and protocols on the handling of child deaths**
 1. Work with the subcommittee of the State Board of Social Services to study the increase of child deaths to gain a better understanding of the factors surrounding those deaths **Ongoing**
 2. Review cases of children who have been known to the child welfare system over the past several years to determine what lessons may be learned to prevent child deaths **Completed**

3. Request assistance from the In-Home NRC to assist in this review and make recommendations **Completed**
4. Explore the regional child fatality team operating in the Eastern Region and develop a plan to replicate it in the other four regions of the state. **Completed**
5. Review recommendations with subcommittee of the State Board of Social Services and the State Child Fatality Team and develop a plan to implement new practices, as appropriate **Completed**
6. Work with the Office of the Chief Medical Examiner (OCME) to implement five regional child fatality review teams **Completed**
7. Provide technical assistance and consultation to teams in reviewing cases, making recommendations, and data collection **Ongoing**
8. Prepare an annual report compiling findings and recommendations from the teams **Ongoing**
9. Work with the OCME to plan and co-sponsor a conference for regional child fatality team members **Completed**
10. Work with the OCME to assist the regional teams in accurately completing the national data tool **Completed**
11. Fill position for a Child Fatality Data Coordinator to analyze data involving child fatalities, prepare annual and special reports, and provide technical assistance to the five Regional Child Fatality Review Teams in terms of data collection and case review **Completed**
12. Develop and disseminate an orientation packet for new members of the regional child fatality teams **Completed**
13. Apply for a technical assistance grant from the National Governor's Association to participate in a Three Branch Institute on improving child safety and preventing child fatalities. **Received July 2016-Ongoing**
14. Provide technical assistance to local agencies regarding completion of National Child Death Review Tool- **Completed**
15. Develop and provide training to new regional consultants on child fatality review teams and facilitation of the meetings **Completed**
16. Redesigned the Virginia Child Protection and Accountability System to be more user-friendly and display the data in visually appealing charts and graphs. The VCPAS is a repository of data collected from multi-disciplinary agencies involved in the protection of children **Completed**

2021 Update

VDSS continues to provide support to regional child fatality review teams regarding themes, risk factors and prevention. VDSS has tackled significant technical components related to child maltreatment deaths.

After discussion as a program, significant revisions were made to the section of the CPS guidance on child deaths. This included the addition of an investigative protocol. Based on feedback from the CPS Policy Advisory Committee, VDSS created Child Fatality Investigation Recommendations for inclusion in local agencies' Memorandums of Understanding (MOU) with law enforcement. These recommendations will assist in the joint collaboration between CPS and law enforcement in the investigation of these difficult deaths.

The development of the child death investigative protocol by a third-party vendor was delayed due to the pandemic but VDSS is excited for its completion and implementation by the vendor. VDSS anticipates the implementation by the vendor to include training for the child welfare workforce.

VDSS has started development of a child fatality decision tree tool to assist local agencies in screening consistency and validity determination.

As a result of the pandemic, VDSS had to move the five regional child fatality review team meetings to a virtual format. VDSS created a comprehensive matrix to assist the teams with the move and continues to provide significant technical assistance.

VDSS organized the annual regional recommendations by themes to identify strategies related to each theme. While VDSS completed its work with the Three Branch Institute, the work is ongoing regarding safe sleep education and awareness as this is a recurring regional recommendation and theme.

K. Examine the current trends in CPS appeals to determine if LDSS' are clearly interpreting CPS policies and procedures, providing consistent information to appellants, and adequately documenting their case decisions.

1. Establish a committee of representatives from the League of Social Services Executives, State Board members, and other Department staff to identify and review the trends to determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in-home or out-of-family setting, and locality. **Completed**
2. Review and evaluate findings from the committee and revise/clarify policy/guidance manual, as appropriate **Ongoing**
3. Review and revise Appeal Handbooks, if needed. **Completed**
4. Develop training materials and/or provide consultation to LDSS to support their practice in this area **Completed**
5. Identify and review all state CPS appeals to document trends and determine the number of decisions that are being sustained, amended or overturned by type of abuse and neglect, in home or out of family setting and locality **Ongoing**
6. Develop a CPS appeals checklist for local CPS workers to use to ensure that cases are complete prior to closing an investigation **Completed**
7. Provide feedback to the VDSS training division on areas that need to be more closely addressed in CPS new worker training and refresher courses **Ongoing**
8. Provide additional training information and resources to regional consultants for distribution at regional supervisor meetings **In Progress**
9. Develop and disseminate an annual report regarding the data for all state-level CPS appeals showing numbers and trends. **In Progress**
10. Develop and distribute a one-page resource for new LDSS Directors regarding their role in the local conference process for CPS Appeals. **In Progress**
11. Identify and review local practices for tracking staying appeal requests due to pending criminal charges. **In Progress**
12. Develop and disseminate a best practices tip sheet for tracking stayed appeal requests. **In Progress**

2021 Update

The VDSS CPS program continues to review all state level appeals that have been overturned to identify strengths in the CPS investigative findings being sustained, identify areas needing improvement in cases that were overturned, and to identify any trends that lead to a policy or guidance change and/ or training opportunity. This information is used to provide feedback to the VDSS training unit as a way to enhance the CPS worker training curriculum and reviewed by practice consultants with their LDSS in peer-to-peer settings. An annual report on all state level appeals held in 2020 was compiled and published for state, regional and local child welfare staff. CPS staff have compiled an extensive list of referrals which are

listed as under appeal in the child welfare data system which will require local agencies to review and update as needed. As a result of an informal survey conducted May 2020, CPS staff identified a wide variance for local agency tracking methods for appeals which are stayed due to pending criminal prosecution. In order to monitor the ongoing list of pending appeals, a sample template and best practices tip sheet for tracking was developed to be disseminated in Spring 2021 along with the list of all reports listed under appeal.

L. Enhance the effectiveness and efficiency of the State Child and Adult Abuse and Neglect Hotline

1. Review the current schedule and revise to accommodate the incoming calls to ensure that the most adequate coverage is available, **Completed**
2. Train the Hotline staff on the updated intake, safety and risk assessment tools to ensure a family-focused, solution-focused and strength-based approach to responding to calls of suspected child abuse and neglect. **Ongoing**
3. Ensure that the Hotline phone number is published in all directories across Virginia. **Ongoing**
4. Establish emergency procedures and protocols for the State Hotline. **Completed**
5. Develop and implement a CPS/APS Hotline QAA plan to address the issues impacting the quality of work demonstrated by the Hotline. **Ongoing**
6. Collaborate with LDSS to discuss and develop, if/as necessary, protocols to more effectively and efficiently meet the needs of the Hotline, LDSS, and reporting citizens. **Ongoing**
7. Develop and provide training to Hotline staff pertaining to family-focused, strength based approach and proper use of safety and risk assessment tools for intake purposes. **Ongoing**
8. Review and revise the Hotline policy and procedures manual. **In Progress**
9. Explore the feasibility of developing an electronic on-line reporting tool for mandated reporters. **Completed**
10. Develop requirements for contracted functions of the hotline. **Ongoing**
11. Install an updated, more versatile telephone system which will allow the State Hotline to progress with the trends and better meet the needs of the local agencies and the state of Virginia. **Completed**
12. Improve the feasibility of a dedicated Law Enforcement telephone line. **Completed**
13. Develop an outreach education program to train and educate the community about the functions of the CPS/APS Hotline. **Completed**
14. Develop system reports from the State Hotline data to determine call volumes, reporting percentages, abandoned calls, types of calls handled by the CPS/APS Hotline, and work efficiency. **Completed**
15. Establish an automated, online program for local agency after hours on call information to be maintained by LDSS and monitored through the State Hotline. **Completed**
16. Provided training to LDSS agencies on how to update and maintain on call information within iCal. **Ongoing**
17. Develop a protocol for remote functionality for the State Hotline call center during times of inclement weather, state emergencies or network outages. **Ongoing**
18. Ensure that measures are in place for the State Hotline to maintain the ability to operate with minimum interruption during loss of power, phone systems or state networks. **Completed**
19. Employ a Project Manager to assist VDSS in decreasing the overall number of abandoned calls by $\geq 35\%$. **Completed**
20. *Develop new report in SafeMeasures® to track data related to VaCPS Mandated Reporter Portal. (In Progress).*

2021 Update

Hotline leadership continues to use statistical data to make changes to work schedules in an effort to meet the demands of the State Hotline. Schedules are based on the number of Hotline Specialists to create the best span of coverage for the 24/7 operation. Due to the pandemic, there have been some stagnation in efforts to streamline and improve the State Hotline (i.e. call volume, staff turnover, hiring staff, etc.); subsequently, this has interrupted some notable progress. Nonetheless, there was a major accomplishment amidst the pandemic, which was the launch of the Mandated Reporter Portal (MRP), called, VaCPS, an electronic on-line reporting tool for mandated reporters. The MRP was launched in November 2020 and some of the highlights are as follows:

- It is available 24 hours 7 days a week.
- Offers a quicker option to file a report, as it reduces the wait time that some reporters might experience when making telephonic reports.
- Information is entered by the mandated reporter, which increases the accuracy of the reporter's account of what happened.

Leadership will continue to monitor the effectiveness of this tool and the impact it makes in the overall number of reports received in the State Hotline; and to assist in this effort, management is in the process of solidifying another source that will capture data from the MRP.

VDSS remains committed to ensure we have and can deliver a high quality and functioning state CPS hotline. In late 2020, VDSS hired an outside contractor to assess the functionality of the State Hotline to develop and provide recommendations to strategize and streamline the overall functioning of the hotline. In 2021, VDSS expects to work through some of the recommendations to improve the hotline experience.

Despite the impact of the pandemic and the fluctuation of the call volume, wait time percentages (inbound calls answered in less than 10 minutes) improved with the 2020 yearly average being 77.28%. The percentage of calls answered in less than 10 minutes for CY 19 was 67.24%. The average wait time for inbound calls during CY19 was 15.86 minutes and 8.27 minutes during CY20. Overall call volume for CY18 was 132,537 total calls. Call volume for CY19 was 154,349 and for CY20 it was 128,329.

VDSS continue to train hotline staff to enhance their knowledge, skills and abilities and increase the efficiency in the call and referral process. As part of last year's training goals, all Hotline Staff completed the online decision tree tool courses to assist with developing their assessment skills. VDSS continues to create and revise the State CPS/APS Hotline protocols and procedures to enhance the functions of the State Hotline, which includes virtual onboarding for new hires. Monthly team meetings are used as a learning platform to emphasize the importance of maintaining a collaborative relationship with families, focusing on their strengths and promotion of self-efficacy. Currently, the Hotline Operations Program Supervisor is working with curriculum developers to create a course for hotline specialists in using a family-focused and strength-based perspectives when receiving calls. In keeping with CPS best practices, the training materials will encourage specialists to focus on the safety and risk factors, as well as, recognize each family for their unique strengths, support systems, and resources. To address the need for continuous review and enhancement of operations and specialist performance, the shift supervisors provide quality assurance and accountability oversight through the monitoring of hotline specialists' inbound and outbound calls and use these call assessments to provide immediate feedback and training. Additionally, the shift supervisors conduct periodic reviews of CPS and APS reports taken by hotline specialists in conjunction with using statistical data to monitor the accuracy of reports and the timeliness of completing the intake process.

In addition to ensuring citizens have the option to report allegations of abuse and neglect 24/7, it is equally imperative to create a unified process between the State Hotline and community partners. The

Hotline Operations Program Supervisor continues to collaborate with each LDSS to solicit feedback regarding the services rendered by the State Hotline. This information is shared with the hotline staff in order to continuously improve the quality and functioning of the State Hotline. Additionally, VDSS holds quarterly meetings with LDSS staff to provide status reports, to include statistical data and training on the use of iCal as needed.

The State CPS/APS Hotline uses the Verizon InContact Call System, developed by NICE. This is the central system for incoming and outbound calls. This web-based call center software allows specialists to work 100% remotely. Utilizing this system presents various technical issues at times. After resolving the J-Line issue, which ensures first responders' calls are prioritized to the top of the queue, the State Hotline encountered a massive technical issue mid-year, in which inbound calls were not properly transmitted to the CPS/APS designated lines. This was due to a significant increase in inbound calls for another state program that shared the Verizon InContact system with the State Hotline. Due to the risks involved, VDSS quickly made this a priority project and supported the separation of both programs within the system, which successfully resolved the issue.

Verizon InContact allows for the compilation of statistical data on the types of calls, number of calls, and wait time. This statistical data is used to drive staffing, scheduling and performance needs, as well as resources for the State CPS/APS Hotline. Protocols have been established and implemented for situations of inclement weather, state of emergencies and network outages to allow the State CPS/APS Hotline to operate with minimum to no interruption. Each hotline specialist has a laptop that is equipped with remote VPN security software, and Wi-Fi capabilities; and all specialists are provided state issued cell phones that provide "Hot Spot" internet capabilities. This ensures hotline specialists receive the technical support to perform their duties. Additionally, hotline staff are trained on how to use a back-up/down system, which consists of taking manual intake reports and then emailing the reports to the LDSS of jurisdiction, thus avoiding any delays of the LDSS receiving reports of abuse/neglect. Lastly, in another effort to streamline processes, communications were sent to the LDSS via a broadcast, requiring local agencies to send a copy of their monthly iCal schedule and point of contacts so in the event there is a power or network outage, Hotline Specialists are able to make timely notifications of new reports of child and adult abuse/neglect.

M. Develop a method to track recurrence in Family Assessment cases

1. Develop a method of tracking recurrence in Family Assessment cases. **Completed**
2. Develop a report that monitors repeat reports of cases that received a Family Assessment response. **Completed**
3. Disseminate reports to LDSS, CPS regional consultants to review and make recommendations for program changes, if needed. **Completed**
4. Provide consultation to LDSS, revise policy/guidance manual, if needed. **Ongoing**
5. Develop a new report in Safe Measures® that better tracks recurrence of maltreatment in Family Assessments **Ongoing**

2021 Update

VDSS continues to monitor the recurrence of Family Assessment utilizing the report in SafeMeasures® which identifies children who were documented as victims in a family assessment during a six month period and had another family assessment occurring within the previous two years. VDSS and LDSS use this report to identify trends and areas for improvement.

Data from SafeMeasures® indicates a slight decrease in recurrence rates from January 2020 (22.2%) to January 2021 (20.8%). VDSS's root cause analysis found SDM tools are not being consistently utilized

by LDSS and that we are not consistently providing services (or effective services) to high/very high risk families at the conclusion of family assessments or investigations.

N. Develop, facilitate, and conduct training for mandated reporters

1. Update the online training curriculum for mandated reporters incorporating the changes made by the 2012 Virginia General Assembly including additional people as mandated reporters, increased penalties for failure to report especially in cases of rape, sodomy, and object penetration, and other pertinent requirements **Completed**
2. Review and revise all printed materials including brochures and the Mandated Reporter Booklet to reflect code changes **Completed**
3. Develop and implement a plan to inform persons required to report suspected cases of child abuse and neglect of these responsibilities **Completed**
4. Revise and update online training for educators **Completed**
5. Revise and update on line training for all mandated reporters **Completed**
6. Revise and publish print materials targeting mandated reporters **Ongoing**
7. Develop and publish online training for medical provider **In Progress**
8. Add sex trafficking to the list of sexual abuse types listed on Slide 39 of the CWSE 5692 - Recognizing & Reporting Child Abuse & Neglect **In Progress**
9. Identify and assess child victims of sex trafficking through the SDM Safety Assessment Tool as part of the impending Risk Validation Study to be completed by the Children's Research Center (CRC) over eighteen (18) months, beginning in July, 2017 **Ongoing**
10. Enhance training materials and resources for Mandated Reporters in preparation for the release of the new Mandated Reporter website where Mandated Reporters can electronically submit reports of child abuse or neglect. **In Progress**

2021 Update

VDSS launched the new online mandated reporter portal, called VaCPS, in October 2020. VDSS developed and published a Mandated Reporter Portal Community Awareness Kit for LDSS.

Throughout the COVID-19 pandemic, VDSS strengthened existing partnerships with the Department of Education in targeted and intentional ways related to mandated reporting of child abuse and neglect in a virtual world.

O. Revise CPS regulations and policy/guidance manual to reflect changes related to the reporting of substance exposed infants

1. Review and revise CPS regulation 22 VAC40-705 to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
2. Review and revise CPS policy/guidance manual to reflect changes related to the reporting by health care providers of infants born with Fetal Alcohol Spectrum Disorder and the revised time frames **Completed**
3. Provide training to local CPS supervisors and workers on the changes **Completed**
4. Work with health care providers and substance abuse treatment providers to inform them of the changes **Completed**
5. Revise brochure for health care providers on the reporting of substance exposed newborns **Completed**

6. Establish a workgroup to review current policy/guidance around the handling of substance exposed infants and develop and implement changes as-needed. **Completed**
7. Participate in new workgroup C.A.R.E.,(Coordinating, Access, Responding, Effectively to Maternal Substance Use),that was formed by the Department of Behavioral Health and Developmental Services to include work plan sessions and on-site technical assistance by National Center for Substance Use and Child Welfare **Completed**
8. Revise and disseminate CPS guidance for handling of substance exposed infants based on recommendations of C.A.R.E. workgroup **Completed**

2021 Update

VDSS serves on the steering committee of Pathways to Coordinated Care, a legislatively sanctioned workgroup focuses on the needs of substance-exposed infants and their caregivers. The workgroup is led by the Department of Health and has over 60 members from the public and private sectors. The workgroup identified five re-occurring themes related to services: screening; data; coordination; education and communication. Each theme was assigned to a sub-workgroup that, over six months, created a work plan for each theme. The sub-workgroups identified theme goals as well as short, moderate and long-term objectives to achieve these goals. The pandemic created some delays but the work plans for each theme were submitted to the Department of Health.

P. Conduct periodic reviews of CPS regulations

1. Conduct a comprehensive review of the CPS regulations to include the incorporation of 22 VAC 40-700 and 22 VAC 40-720 into 22 VAC 40-705. **Completed**
2. Solicit input from the CPS Policy Advisory Committee, League of Social Services Executives, and the Citizen Review Panels. **Completed**
3. Develop proposed regulations incorporating relevant statutory and needed practice changes to be presented and approved by the State Board of Social Services **Completed**
4. Draft final proposed regulations **Completed**
5. Obtain approval of the final regulations from the Office of the Attorney General, State Board of Social Services, Department of Planning and Budget, Secretary of Health and Human Resources and the Governor. In progress- anticipate final approvals and goes into effect by July 1, 2017
6. Implement changes in the CPS policy/guidance manual **Completed**
7. Train local staff on the change **Completed**

2021 Update

The regulatory review process for 22VAC40-705 began in 2017 due to significant legislative changes made in 2017 related to substance-exposed infants and the response priority for child victims under the age of 2. The regulatory process is now in the final stage and remains delayed due to the COVID-19 pandemic. Additionally, during the review period, VDSS completed an exempt regulatory action on 22VAC40-705 for legislative changes that became effective on July 1, 2020.

Q. Provide guidance to CPS workers on how and when to use diversion practices

1. Seek consultation from the Office of the Attorney General on the authority of local departments of social services to use diversion as a prevention of foster care service **Completed**
2. Request technical assistance and consultation from the National Resource Centers **Completed**
3. Develop clear guidelines for inclusion in the CPS policy/guidance manual **In Progress**
4. Train staff on the role of the local department and the policies and procedures governing the practice of diversion. **In Progress**

5. Identify an effective means to track and analyze diversion data through the child welfare information system. **In Progress**

2021 update

The Prevention Services program spent a significant amount of 2020 finalizing the In-Home Services program guidance which includes the prevention services workflow, prevention services planning, case management processes. The In-Home Services framework is structured around three “safety scenarios” where there is a consistent set of practice, assessment, engagement and monitoring to ensure that families identify the services they need, are connected to those services, and monitoring occurs to support the family. A subset of the Prevention Advisory Committee, the In-Home Services workgroup, was instrumental in making final recommendations for the In-Home Guidance throughout this reporting period.

- Child or youth maintained with parent(s) or relative/kin caregiver(s).
- Child or youth temporarily maintained with relative/kin caregiver(s) and will return to the parent(s) or caretaker/guardian(s) within six (6) months.
- Child or youth permanently maintained with relative/kin caregivers(s).

At the beginning of the case, and every 90 days, family services specialists will complete the suite of tools (CANS, Safety and Risk Assessments, service plan, candidacy determination) in conjunction with family team meetings to assess and monitor progress of the family. Additionally, the guidance establishes uniform training requirements for all In-home services workers and supervisors.

Prior CPS Ongoing practice focused primarily on serving children and youth residing with their parents or guardians--safety scenario one. Our new In-Home Services practice expands our focus to include the provision of services to children who are temporarily or permanently residing with a relative/kin caregiver(s)--safety scenarios two and three. Historically, the provision of services to children and youth in scenarios two and three has varied by locality which was the impetus for the In-Home Services alignment to create consistency among all localities. In addition, to be able to document children who are placed with relatives/fictive kin updates were made to our child welfare information system.

The first feature is a new required section called “Living Arrangement.” This feature asks family services specialists (FSS) if the child/children are currently living with an alternate caregiver. The FSS selects yes or no. If they select yes, they are prompted to enter the number of children living with an alternate caregiver. Alternate caregiver in this context means a temporary or permanent caregiver facilitated by the LDSS. This definition aligns with safety scenarios two and three in our new In-Home Services program. Being able to track these numbers ensures that children and youth who are temporarily or permanently diverted to the care of relatives/kin caregivers are consistently provided with necessary services to support reunification with parent/guardian in temporary arrangements or to achieve permanency for children who have been diverted to permanent arrangements.

II. Family, Child and Youth-Driven Practice

This strategy fulfills the mission of transforming how services are delivered by giving a stronger voice to children and families in decision-making. The state practice model enables families to actively engage with child welfare staff and other important stakeholders in facilitated meetings to collaborate on the key decisions (such as placement or moves) that affect a child’s life. Through collaboration, the practice model is achieved according to individual circumstances while empowering families to participate in the process.

➤ **Applicable CAPTA program areas as described in section 106(a):**

6. Developing, strengthening, and facilitating training including – training regarding research-based strategies, including the use of differential response, to promote collaboration with families; 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

Goal: Engage Families in Decision Making Using a Strength-Based, Child-Centered, Family-Focused and Culturally Competent Approach

A. Develop and implement a plan for sustaining and supporting a consistent statewide approach to family engagement and kinship care

1. Train selected service providers and state/regional staff on strategies for engagement on a regional basis. **Completed**
2. Implement a plan for regional staff to provide training and technical assistance to LDSS on family engagement strategies **Completed**
3. Survey selected programs to determine the level of change in involvement and recommendations for improvements. **Completed**
4. Explore the use of CAPTA funds to LDSS to support FPM **Completed**
5. CPS Regional consultants will utilize reports on FPM found in SafeMeasures® to monitor their use and identify trends **Ongoing**
6. Regional consultants will provide consultation to LDSS when identified as not using FPM **Ongoing**
7. Reinstatement reimbursement to LDSS for “qualified” FPMs **Ongoing**
8. Implement the use of a standardized screening tool for trauma **Ongoing**

2021 Update

Overall, the occurrence of FPMs and CFTMs, based on total counts alone, decreased by 14% in CY2020 compared to CY2019. This decrease can be attributed in part to the COVID 19 pandemic. There was an 18% decrease in FPM for Emergency Removal and a 20% decrease in FPM for High Risk/Very High Risk Assessment Planning.

B. Examine and amend CPS guidance to determine revisions required to support connections to relatives

1. Review guidance around identification and notification of relatives within 30 days of removal and the process to inform them of the right to participate in the care of the child **Completed**
2. Support state collaborations that focus on increasing awareness and training of kin (relatives) as valuable resources in creating permanency options for children who cannot live with their birth parents. **Completed**
3. Increase local capacity for locating absent parents, siblings, other relatives and significant others to engage them in service delivery and establishing permanent, life-long connections by providing the use of Accurant, a web-based search engine that will be available statewide. **Completed**
4. Implement in OASIS the ability to document the notification to relatives in order to collect data / create a new screen “Diligent Search” **Completed**
5. Revise CPS guidance to reflect new federal legislative requirements for contacting relatives within 30 days of coming into foster care to include parents of siblings **Completed**

6. Create new report in SafeMeasures® that gathers data on notifications to relatives made within 30 days of coming into foster care. **Completed**
7. Revise and enhance CPS guidance regarding the identification of an Indian child; what constitutes active efforts; removal of an Indian child; and services to an Indian child pursuant to the Indian Child Welfare Act (ICWA) **Completed**.

2021 Update

All items are completed.

C. Enhance the current CPS Differential Response System (DRS) Practice Model to ensure a more family-focused and family-driven approach

1. Incorporate the Children's Services Practice Model into the CPS DRS Family Assessment Track. **Completed**
2. Revise and align the CPS policy and guidance manual consistent with family engagement philosophy, procedures, and practice. **Completed**
3. Develop and/or contract for the development of training for local CPS workers in implementing the Family Engagement Model when conducting Family Assessments. **Completed**
4. Revise the Family Assessment Track brochure to reflect changes in policy/guidance and practice. **Completed**
5. Develop and implement practice profiles or worker skill sets to enhance family engagement and improve CPS practice across the state. **Ongoing**

2021 Update

As part of VDSS' CFSR PIP, the Family Engagement workgroup formed in late 2018 continued to focus on implementation of the Family Engagement Practice Profile across the state. During 2020, the workgroup developed a readiness assessment for local departments to assess how prepared the agencies are to install the Family Engagement Practice Profile within their agency. Agencies were then encouraged to utilize the results of these readiness assessments to determine a plan for how the Family Engagement Profile would be implemented in their agencies.

To further assist in the installation of the Engagement Practice Profile, an interactive learning game was developed called "Engagement in Action." The game allowed workers to answer a series of practice scenarios with engaging conversation and strategies. Upon answering the questions, the learners were then given a score and feedback from a virtual coach indicating why or why not they had chosen the best practice solution. The game can be used by staff multiple times to continue to improve the level of engagement in their practice.

In order to maximize implementation of the Family Engagement Practice Profile, agencies were instructed to determine who in their agency would serve as a coach for field workers across the child welfare spectrum. These coaches would assist workers in moving their practice from unacceptable or developmental to optimal in the areas of youth, family and caretaker voice, respect, authority, information and roles, and relationships. Due to capacity limitations in the training division as a result of COVID-19, the workgroup developed an asynchronous training curriculum for coaches through a combination of previously recorded VDSS Coaching and Practice Profile Webinars as well as materials from The Coaching Toolkit for Child Welfare Practice from the Northern California Training Academy.

D. Work collaboratively with the Prevention Unit to promote the In-Home guidance for LDSS around foster care diversion and prevention strategies

1. Serve on Prevention Advisory Committee to develop guidance manual on early prevention strategies and foster care diversion. **Ongoing**
2. Collaborate on the development of a common service plan for use by LDSS staff **Ongoing**
3. Develop and conduct training for LDSS staff as-needed **Ongoing**
4. Reorganize and revise the existing Prevention guidance, which will reflect a strength-based and trauma-informed family engagement approach that uses the protective factors as a framework **Completed**
5. Explore funding needs, including how to realign current prevention funding sources and identify additional funding sources **Ongoing**
6. Develop the capacity to capture and analyze the impact of prevention and kinship diversion efforts in the child welfare information system. **Ongoing**
7. Conduct a pilot on data collection and reporting for LDSS' regarding facilitated care arrangements (diversion) targeting the Western part of the state **Completed**
8. Partner with Patrick Henry Family Services to implement a pilot program in Planning District 11 (Amherst, Appomattox, Bedford and Campbell Counties and the City of Lynchburg) which will evaluate the Safe Families for Children model as an alternative to placement in foster care for children in crisis. **Completed**

2021 Update

The Prevention Services program spent a significant amount of 2020 finalizing the In-Home Services program guidance which includes the prevention services workflow, prevention services planning, case management processes. A subset of the Prevention Advisory Committee, the In-Home Services workgroup was instrumental in making final recommendations for the In-Home Guidance throughout this reporting period. The In-Home Services framework is structured around three “safety scenarios” where there is a consistent set of practice, assessment, engagement and monitoring to ensure that families identify the services they need, are connected to those services, and monitoring occurs to support the family.

- Child or youth maintained with parent(s) or relative/kin caregiver(s).
- Child or youth temporarily maintained with relative/kin caregiver(s) and will return to the parent(s) or caretaker/guardian(s) within six (6) months.
- Child or youth permanently maintained with relative/kin caregivers(s).

At the beginning of the case, and every 90 days, family services specialists will complete the suite of tools (CANS, Safety and Risk Assessments, service plan, candidacy determination) in conjunction with family team meetings to assess and monitor progress of the family. Additionally, the guidance establishes uniform training requirements for all In-home services workers and supervisors.

The guidance began the final review process in November 2020 and is expected to be released in April 2021. A comprehensive communication and change management strategy was developed to assist the LDSS in preparing for the implementation of the In-Home Services Guidance in April 2021. The communication and change management strategy launched in October 2020 and includes an In-Home Services Best Practices Webinar Series, Technical “Lifeline” webinars, In-Home Support webinars to focus on the adaptive and technical changes while offering peer support, written updates and information in bimonthly newsletters, tip sheets, and ongoing regional support through the practice consultants.

In preparation for the shift in practice, VDSS required family services specialists and supervisors to complete (if not already done so) prerequisite courses to include: CWSE1006: Reasonable Candidacy, CWSE1510: Structured Decision Making, CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare; and Virginia Child and Adolescent Needs and Strengths (CANS) Assessment training

and certification; and CWS1071: Family-Centered Case Planning. These prerequisites are already required courses for family services staff. In addition to ensure the aforementioned courses were completed, the Division developed the 2021 Child Welfare Best Practices Webinar Series for In-Home Services and will launch in January 2021. The Webinar Series will advance learning on key skills required to demonstrate optimal practice for all family services specialists. These instructional webinars will focus on child welfare best practices to improve outcomes for children, youth, and families in our communities. In addition, a “Practice Place” interview session will feature a subject matter expert from the field who will share their own obstacles, triumphs, and advice regarding the highlighted webinar topic. Each of the webinar sessions lasts 90 minutes and includes essential job aids and resource materials to enhance practice. In addition, all of the webinars will be recorded for online viewing in the COVLC at a later date.

- **In-Home: What Do You Need to Know?**
In-Home is an alignment of CPS Ongoing and Prevention Services that prioritizes family preservation through meaningful partnerships with families and their support systems to ensure child safety, permanency, and well-being. In particular, In-Home structures all case practices around three child safety scenarios: a child living in his or her own home; a child living temporarily with a relative (kin); or a child living long-term with a relative (kin) with regular visitation with parents. This introductory webinar commences an instructional series that provides an overview of how In-Home services focuses on specific, integrated strategies directed towards teaming engagement efforts, collective, streamlined assessment decision-making, behavior-based safety goals, and needs-driven service provision.
- **In-Home: Collective Assessment and Planning**
In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns while preserving family structure. This webinar details a collective assessment and planning framework used to elicit and analyze all the key information known about a child and family at any given time into domains of: risks, safety, strengths, and needs. Specifically, a discussion is held around how to undertake a balanced and collective assessment approach in partnership with the family and their support system in critically thinking about what happened, is happening, and what needs to happen to enhance the child’s ongoing safety, permanency, and well-being prior to service plan development as it pertains to each of the three In-Home child safety scenarios.
- **In-Home: Assessment-Driven Service Delivery**
In-Home prioritizes providing families with easily accessible, individualized services to reduce the reoccurrence of child maltreatment and out of home placement. This webinar details how to prioritize an array of needs-driven evidence-based, trauma informed services through a collaborative effort of assessing and planning with the family and their support systems in initially identifying and continually prioritizing and revising service delivery through the ongoing identification of achieved needs and/or newly identified needs as it pertains to the three In-Home child safety scenarios.
- **In-Home: Behavior-Based Safety Goal Attainment**
In-Home prioritizes increasing protective factors to reduce the risk of future harm or maltreatment so that children can live safely with their families or with relatives (kin) in the children’s own community. This webinar focuses upon specific, concrete strategies and actions used to effectively identify parental behavior changes and their impact upon the safety, permanency, and well-being of a child. Specifically, the webinar outlines ways to identify when an In-Home case is ready for closure based upon behavior-based safety goal attainment, rather than mere service completion or compliance. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Children and Youth in Assessment and Planning**

In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns; meaning children and young people are not exempt. This webinar explains the importance of utilizing the Three Houses Tool to help escort the voice of children and young people more fully into the information gathering processes, collaborative assessments, and service plans by providing a visual way of exploring what is happening in their lives, in relation to danger, safety factors, and hopes for the future. In addition, the Three Houses Tool helps parents and their support systems identify their strengths, hopes, vulnerabilities, and identifies ways to help enhance safety. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.

- **In-Home: Engaging Fathers in Assessment and Planning**
In-Home prioritizes engaging families and their support systems to jointly identify safety and risk concerns; meaning, fathers are not exempt. This includes fathers who are living with their children, but would like to be more engaged with them, and fathers who are not living with their children full-time, or are incarcerated. This webinar details effective ways to engage fathers, addresses the implicit biases family services specialists may possess as a result of their own relationships with father figures, and most importantly, lists ways to immediately implement effective father engagement strategies. Examples of best case practices are presented and structured around each of the three In-Home child safety scenarios.
- **In-Home: Engaging Relatives (Fictive Kin) for Assessment and Planning**
Relatives are the preferred resource for children who must be removed from when they cannot live safely with their parents because it maintains the children's connections with their families in their own communities. This webinar details how to best support kinship care efforts and collaboratively address needs through service identification and delivery as it pertains to all individuals involved in the three In-Home child safety scenarios.

Prior CPS Ongoing practice focused primarily on serving children and youth residing with their parents or guardians--safety scenario one. Our new In-Home Services practice expands our focus to include the provision of services to children who are temporarily or permanently diverted to the care of relative/kin caregiver(s)--safety scenarios two and three. Historically, the provision of services to children and youth in scenarios two and three has varied by locality. In addition, to better gather information on children placed in alternative living arrangements features were added to OASIS on the case connection screen in family assessments and investigations.

The first feature is a new required section called "Living Arrangement." This feature asks family services specialists (FSS) if the child/children are currently living with an alternate caregiver. The FSS selects yes or no. If they select yes, they are prompted to enter the number of children living with an alternate caregiver. Alternate caregiver in this context means a temporary or permanent caregiver facilitated by the LDSS. This definition aligns with safety scenarios two and three in our new In-Home Services program. Being able to track these numbers ensures that children and youth who are temporarily or permanently diverted to the care of relatives/kin caregivers are consistently provided with necessary services to support reunification with parent/guardian in temporary arrangements or to achieve permanency for children who have been diverted to permanent arrangements.

Since 1983, the VDSS has provided leadership in Virginia's annual observance of Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month.

Virginia's statewide Child Abuse and Neglect Prevention Conference was cancelled due to COVID-19. This was scheduled to be a collaborative effort in partnership with Families Forward Virginia. If the Conference could have been held, attendees would have come from all areas of the state and represented a variety of agencies and organizations such as local departments of social services, local community services boards, CASA programs, and home visiting programs such as Healthy Families, family services agencies, and other non-profits.

VDSS ongoing partnership with Families Forward served as the foundation to be able to continue to recognize April as Child Abuse Prevention Month despite the COVID-19 pandemic and served as a catalyst for additional targeted Child Abuse Prevention activities as a result of the pandemic. Families Forward Virginia provided materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates and opportunities for engagement. They developed and disseminated their child abuse prevention advocacy agenda; led and participated in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services attended their advocacy days at the General Assembly, sharing stories of how prevention programs have changed their lives. Families Forward Virginia shared toolkit resources to advocates, home visiting leaders and trainees, and LDSS.

As operations and activities were curtailed by the COVID-19 pandemic, Families Forward Virginia made a number of activities virtual. In partnership with Families Forward, a prevention services campaign was launched in May 2020 which included a number of child abuse prevention resources specifically targeted to protecting children in times of isolation. Virtual information and flyers were made available to the Department of Education, LDSS and other community partners to promote statewide hotlines (Virginia Child Abuse and Neglect Hotline, Adult Protective Services Hotline, and the Family Violence and Sexual Assault Hotline) to support families. Additionally, a specific prevention campaign was targeted for older youth in July 2020. The campaign included four messages and images that were created with and vetted by older youth (ages 12 to 26) and was shared with community partners via social media platforms where older youth may be the audience.

III. Strengthening Community Services and Supports

These strategies contribute to developing an accessible array of community-based services across Virginia. This strategy addresses the nature, scope, and adequacy of existing child and family and related services. This approach, which includes wraparound services when indicated, reduces the need for more intensive levels of service such as residential care – and shortens length of stay when placement is required. It contributes to the well-being of children and families.

- **Applicable CAPTA program areas as described in section 106(a):**
- 3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect; 10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response; 13. Supporting and enhancing interagency collaboration among public health agencies in the child protective service system, and agencies carrying out private community-based programs – to provide child abuse and neglect prevention

and treatment services (including linkages with education systems), and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

Goal: Expand Community Services and Supports that are Child-Centered, Family-Focused and Culturally Relevant.

A. Expand services to prevent and treat child abuse and neglect through supporting and advocating for interdisciplinary resources.

1. Utilize child abuse and neglect prevention funds to support evidenced-informed and evidenced-based programs and practices. **Ongoing**
2. Utilize child abuse and neglect treatment funds for support services to child victims. **Ongoing**
3. Complete application for continuation of funding, renew contracts, monitor grantees and evaluate outcome and financial performance for programs such as Healthy Families (home visiting), prevention (parent education and support, awareness and outreach) and Treatment (Child Advocacy Centers) programs. **Ongoing**
4. Implement the formula specified in the budget amendment approved by the 2019 General Assembly and the Governor for funding Child Advocacy Centers and continue to incorporate the VOCA funding for CACs into the formula **Completed and Ongoing**
5. Continue the expansion of the Healthy Families Programs and continue implementation of the funding formula for the Healthy Families Programs **Ongoing**
6. In response to the passage of the FFPSA (2018), explore opportunities for systemic change(s) by collaborating with VDSS statewide partner(s) in an effort to strengthen and expand evidence-informed family resources. **Ongoing**

In Virginia, CAPTA funds align and support the overall goals for the delivery and improvement of child welfare services, title IV-B, and the Community-Based Child Abuse Prevention (CBCAP) program. CAPTA State grant funds were used, alone or in combination with title IV-B, CBCAP, Temporary Assistance for Needy Families (TANF), Victim Of Crimes Act (VOCA), State General Funds, and other child welfare programs in three major areas: Safe Children and Stable Families; Family, Child and Youth Driven Practice, and Strengthening Community Services and Supports. The plan identifies areas of work that have been completed, items being currently worked on, as well as ongoing activities.

VDSS utilizes federal and state funding to deliver a variety of primary and secondary prevention efforts. Community-Based Child Abuse Prevention (CBCAP) (\$678,780.52) and state funds from the Virginia Family Violence Prevention Program (VFVPP) (\$500,000), totaling \$1,178,780.52 in combined funding support evidenced-based and evidenced-informed programs and practices. CBCAP and VFVPP funds are distributed through a competitive Request for Application (RFA) process for programs to provide statewide or locally based primary and/or secondary prevention services to prevent child abuse and/or neglect. The programs' prevention services are varied in scope to address unmet, identified needs within the different communities. These services include parent education and support groups, child sexual abuse prevention, home visiting, training for child care providers, and public awareness efforts. In SFY 2021, a total of 19 programs were renewed from the initial award issued in SFY2019 that supports the following geographic areas (two programs serve more than one region):

- Eastern - Three programs serving: counties of Hampton, Newport News, Isle of Wight, York, James City, Williamsburg, Poquoson, Chesapeake, Norfolk, Portsmouth, and Gloucester

- Western – Five programs serving: counties of Giles, Floyd, Montgomery, Pulaski, Radford, Washington County, Wise, Scott, Norton, and Bristol
- Northern - Four programs serving: counties of Loudoun, Shenandoah, Page, Winchester, Clarke, Frederick, Warren, Alexandria, Falls Church, Manassas, Arlington, Fairfax, and Prince William
- Central - One program serving: counties of New Kent and Charles City
- Piedmont – Four programs serving: counties of Lynchburg, City of Roanoke, Salem, Botetourt, Craig, Roanoke County, Charlottesville, and Albemarle
- Statewide - two programs are designated as statewide Child Abuse and Neglect Prevention programs funded to provide services in multiple regions across Virginia.

VDSS also utilizes TANF (\$1,136,500.00), General Funds (\$405,500.00), and Victims of Crime Act (VOCA) funds (\$4,500,000.00) from the Department of Criminal Justice Services (DCJS) to support Child Advocacy Centers (CAC's) across the state; the total awarded to CACs for SFY2020 is \$6,042,000. This funding enables CACs across Virginia to serve child abuse victims, expand as necessary, and expand geographic coverage ensuring as many children and families are served as possible. This funding amount will not be sustained and CACs have been encouraged to designate funds toward sustainability efforts as subsequent annual awards beginning in SFY 2022 are expected to be significantly lower.

Eighteen centers continue to provide comprehensive services to the following geographic regions:

- Piedmont – four programs serving counties of Albemarle, Nelson, Franklin, Grayson, Roanoke, Madison, Buckingham, Botetourt, Fluvanna, Greene, Augusta, Buena Vista, and Rockbridge; and the cities of Roanoke, Salem, Staunton, Lexington, Charlottesville, and Waynesboro.
- Central – two programs serving counties of Chesterfield, Goochland, Hanover, Henrico, Louisa, Powhatan, Prince George, Cumberland, New Kent, Charles City, Caroline, Spotsylvania, Stafford, King George; and the cities of Richmond, Fredericksburg, Colonial Heights, Hopewell, and Petersburg.
- Northern – six programs serving counties of Arlington, Fairfax, Rockingham, Shenandoah, and Loudoun; and the cities of Harrisonburg, Winchester, Fairfax, and Alexandria.
- Eastern – two programs serving the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, and Emporia; and the counties of Greenville, Brunswick, and Sussex.
- Western – four programs serving counties of Lee, Montgomery, Pulaski, Washington, Scott, Tazewell, Buchanan, Russell, Wise, Dickenson, Henry, Patrick, Carroll, and Smyth; and the cities of Radford, Norton, Martinsville, and Bristol.

The Child Advocacy Centers of Virginia (CACVA) is the statewide association which continues to provide training, support, technical assistance and leadership to the CACs and to communities in Virginia responding to reports of child abuse and neglect. The CACVA will develop the funding formula for the CACs for SFY 2022 based on criteria established by the Virginia General Assembly and includes CAC certification level, rate of abuse/neglect, child population under 18 years of age, and localities served.

VDSS also supports a variety of early childhood home visiting programs and initiatives with federal and state funding. The General Assembly appropriates funding \$600,000 annually to VDSS to award funding to Early Impact Virginia (EIV), a statewide collaboration of early childhood home visiting programs and partners that serve families with children from pregnancy through age 5. EIV has the responsibility to determine, systematically track and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and to support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis. In 2019 the EIV Leadership Council and Virginia Children's Cabinet approved Virginia's State Plan for Home Visiting to guide the development of a comprehensive framework for coordination of early childhood home visiting program

services and sustainable growth. In the fall of 2020, EIV completed the Virginia Home Visiting Needs Assessment to inform capacity and system building efforts for the EIV Leadership Council in order to finalize the Strategic Plan for Home Visiting in the spring of 2021. EIV's July 2020 annual report to the Virginia General Assembly can be found here: <https://rga.lis.virginia.gov/Published/2020/RD245/PDF>.

The Virginia General Assembly continues to appropriate funding for the Healthy Families program to provide home visiting services to new parents who are at-risk of child maltreatment in 83 localities across the state. The goals of the Healthy Families Program continue to include improving pregnancy outcomes and child health; promoting positive parenting practices; promoting child development; and preventing child abuse and neglect. Funding for the Healthy Families Program continued at level funding of \$9,035,501 for SFY 2021. Awards were distributed to 32 Healthy Families sites based on a formula using the 2015 number of live births and the 2015 child abuse reports, weighted equally, for each area served. The appropriation continues to include funding for the statewide Healthy Families organization, Families Forward dba Prevent Child Abuse Virginia (PCAV) to provide training and technical assistance to local programs. Families Forward's Healthy Families Virginia (HFV) program is accredited by Healthy Families America; therefore, HFV oversees all of Virginia's 32 local Healthy Families affiliates with technical assistance and quality assurance monitoring to ensure fidelity to the model. VDSS plans to explore utilizing additional TANF funding in SFY22 to support the convening of local stakeholders to explore development of new Healthy Families sites in localities with very high rates of child abuse and neglect that are not currently served with Healthy Families.

2021 Update

In addition to the prevention efforts mentioned above, VDSS participates and supports many child abuse prevention efforts throughout the year, but also specifically to recognize April as Child Abuse Prevention Month. VDSS' ongoing partnership with Families Forward served as the foundation for statewide child abuse prevention activities and to recognize April as Child Abuse Prevention Month. The pandemic served as a catalyst for additional targeted Child Abuse Prevention activities. Families Forward Virginia provided materials that support advocacy and awareness, such as CAPTA and CBCAP Congressional funding updates and opportunities for engagement. They developed and disseminated their child abuse prevention advocacy agenda; led and participated in trainings, webinars, and videos on child abuse prevention advocacy efforts. Families receiving services attended their advocacy days at the General Assembly, sharing stories of how prevention programs have changed their lives. Families Forward Virginia shared toolkit resources to advocates, home visiting leaders and trainees, and LDSS.

As operations and activities were curtailed by the COVID-19 pandemic, Families Forward Virginia made a number of activities virtual. In partnership with Families Forward, a prevention services campaign was launched in May 2020 which included a number of child abuse prevention resources specifically targeted to protecting children in times of isolation. Virtual information and flyers were made available to the Department of Education, LDSS and other community partners to promote statewide hotlines (Virginia Child Abuse and Neglect Hotline, Adult Protective Services Hotline, and the Family Violence and Sexual Assault Hotline) to support families. Additionally, a specific prevention campaign was targeted for older youth in July 2020. The campaign included four messages and images that were created with and vetted by older youth (ages 12 to 26) and was shared with community partners via social media platforms where older youth may be the audience.

The following table provides the statistics for public awareness/education activities provided by CBCAP funded agencies.

Public Awareness & Education Activities		
FY 2019 – CBCAP Programs		
Activity	# of Activities	# Reached
Prevention Month Activities including Blue Ribbon	65	49,894
Speaking Engagements	148	6,193
Radio/TV PSA announcements distributed for broadcast	5	94,000
Radio/TV Appearances	15	131,500
Newspaper Articles	62	378,000
Public awareness materials by CBCAP grantees (brochures, flyers, pamphlets, etc.)	772	53,977
Internet/web-based activities	712	544,328
Other Public Awareness	6	9,663
Parent Support Helpline	115	722
Totals	1,900	1,268,277

Child Abuse Prevention Month Proclamation:

Since 1983, the VDSS has provided leadership in Virginia’s annual observance of recognizing April as Child Abuse Prevention Month. Families Forward Virginia and VDSS continue to collaborate to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month. The April 2020 Proclamation can be found on the Governor’s website at <https://www.governor.virginia.gov/newsroom/proclamations/proclamation/child-abuse-prevention-month.html>.

Historically, VDSS, in partnership with Families Forward and other agencies host an annual statewide Child Abuse and Neglect Prevention Conference; however the April 2020 conference was cancelled due to the COVID-19 pandemic. Families Forward was able to develop and promote their Child Abuse Prevention Month toolkit to recognize Child Abuse Prevention month in a virtual manner.

B. Collaborate with state and local stakeholders on developing and strengthening services that preserve families, achieve permanency, and promote child health, safety and well-being.

- I. Participate on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives such as the Governor's Advisory Board on Child Abuse and Neglect; the Children's Justice Act/CASA Advisory Committee; and the State Child Fatality Team. **Ongoing**
- II. Develop and provide educational materials to inform key stakeholders on effective strategies (e.g., mandated reporters and the general public on child abuse and neglect; kinship care providers; judges). **Ongoing**
- III. Participate in the Statewide Home Visiting Consortium (Early Impact Virginia) that operates as part of Virginia's Early Childhood Initiative to increase local and state collaborative efforts around home visiting programs. **Ongoing**
- IV. Evaluate and renew contracts for performances of sexual abuse prevention play to be presented to school-aged children statewide **Ongoing**
- V. Evaluate and renew contract with James Madison University for the publication of the Virginia Child Protection Newsletter **Ongoing**
- VI. Participate on the Virginia Interagency Coordinating Council to collaborate on the implementation of Part C of IDEA including public awareness efforts, child find, data collection and training. **Ongoing**
- VII. Participate on the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative to evaluate the current training and develop and implement training sessions for the coming year. **Ongoing**
- VIII. Continue to collaborate with the Department of Criminal Justice Services in the Child First forensic training program by providing scholarships for local CPS workers and supervisors to participate in the training. **Ongoing**
- IX. Review and revise the Memorandum of Understanding with the Department of Education regarding the reporting and investigation of child abuse and neglect complaints involving school personnel. **Completed**

VDSS continues to collaborate with the VA Department of Criminal Justice Services (DCJS) and CACVA to deliver the ChildFirst forensic training program supported by the use of CAPTA and CJA funds. CAPTA funds are used to provide scholarships for local CPS workers and supervisors to participate in this five-day intensive forensic interviewing training program.

Training sessions are held in various geographic locations throughout Virginia to help ensure equal access. Tuition scholarships are provided as reimbursable expenses. Upfront payment has been abandoned due to the identification of some course failures. The reimbursement process is intended to incentivize successful completion of the course as well as to ensure good financial stewardship. Forty individuals were trained in March 2020 in Roanoke, 19 of which represented VDSS. The training in July 2020 was offered through the Zero Abuse Project, a program offered through the national ChildFirst group. Thirty individuals were trained, 19 of which represented VDSS. The final training in 2020 took place in November and was led by Virginia ChildFirst faculty. Thirty individuals participated, eight of which represented VDSS.

The Virginia Interagency Memorandum of Agreement among the Agencies Involved in the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA) was revised to ensure enhanced collaboration and coordination in the implementation of a statewide comprehensive, family-centered system of Part C early intervention supports for services for infants and toddlers with disabilities and their families. LDSS are required to refer any child under the age of three who is the subject of a founded child abuse/neglect disposition, or any child under the age of three who is identified as affected

by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or any child under the age of three who appears developmentally delayed or who has a physical or mental condition that has a high probability of resulting in delay to the Infant & Toddler Connection of Virginia as soon as possible, but no more than seven calendar days after identifying the child as potentially eligible.

All CPS materials are reviewed and updated as required by changes in the Code of Virginia and/or CPS regulation and are available in printed form and maybe downloaded from the VDSS website, <http://www.dss.virginia.gov/>. The online training course for public school employees has been updated and is available on the VDSS website.

CAPTA funds were also used to support the training on child abuse and neglect for children with disabilities sponsored by the Partnership for People with Disabilities, Child Abuse and Neglect Collaborative involving VDSS, DCJS, DOE, and Virginia Commonwealth University. The web based training was conducted in October 2014 and April 2015. The training has been archived on the Partnership for People with Disabilities website <http://www.vcu.edu/partnership/tippingthescales>. After each session, participants are invited to take a short quiz and then are emailed a certificate. In addition, three live training events were scheduled in different areas of the state in March, May, and June 2016.

VDSS continues to contract and collaborate with James Madison University for the publication of the Virginia Child Protection Newsletter (VCPN) with \$42,641 in CAPTA funds. The spring 2019 Volume 114 newsletter focused on family engagement in child welfare. The June 2019 Volume 115 Brain Development and Early Intervention: An Introduction and Update for CPS Professionals covered substance exposed infants, attachment, intimate partner violence, and play therapy. The current and archived VCPN issues will be available on a new website this year.

VDSS annually contracts with Virginia Repertory Theatre for the production and delivery of approximately 160 performances of the child sexual abuse prevention play “Hugs and Kisses” for children K-5 in elementary schools across Virginia. The play is a partnership between Virginia Repertory Theatre, Families Forward Virginia (formerly PAV), and VDSS. Families Forward Virginia receives funding from a Virginia Repertory Theatre subcontract and from VDSS for coordination with LDSS and schools and continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast.

VDSS annually contracts with Virginia Repertory Theatre (VRT) for the production and delivery of approximately 160 performances of the child sexual abuse prevention play “Hugs and Kisses” for children K-5 in elementary schools across Virginia. The play is a partnership between VRT, Families Forward Virginia (formerly PAV), and VDSS. Families Forward Virginia receives funding from a VRT subcontract and from VDSS for continued evaluation of the program. VDSS and Families Forward Virginia jointly provide training on child sexual abuse to each touring cast.

The Virginia Repertory Theatre provided 98 performances of the musical plan, Hugs & Kisses in FY20. The number of Virginia elementary school age children that participated in the interactive child abuse prevention play was 30,460. They did not meet their performance and attendee goals due to the transition to virtual learning during the winter and spring semesters and the tour being cancelled as a result of COVID-19.

CAPTA Annual State Data Report Items

Juvenile Justice Transfers

Through the data system, Virginia tracks reasons why children exit foster care. For the calendar year January through December 2020, 36 children left foster care due to a commitment to corrections. Defining when a child should be considered to have left foster care to the custody of DJJ was clarified in Foster Care Guidance Chapter 16.8.2.

Information on Child Protective Workforce

SafeMeasures data, taken from OASIS, indicates there are 892 staff with CPS as a primary assignment. That is 47% of total staff (1,881).

Education, qualifications, and training requirements established by the State

Virginia employs a state-supervised, locally-administered system of social services. Nevertheless, agencies utilizing the State's Recruitment Management System must adhere to the laws and policies that govern Human Resource Administration to ensure fairness and equality in the recruitment and selection of local staff.

Virginia regulates degree requirements for Family Services workers. The Degree Requirements for Family Services Occupational Group regulation, 22VAC40-670, <https://law.lis.virginia.gov/admincode/title22/agency40/chapter670/> includes the following titles in this occupational group:

- Family Services Supervisor, and
- Family Services Specialists I-IV.

Each title description includes the level of supervision suggested, and upon completion of training, the employee may be redefined to a higher level of Family Services Specialist. In order to be hired for a position in the Family Services Occupational Group, individuals shall possess a minimum of 1) a baccalaureate degree in the human services field; or 2) a baccalaureate degree in any field accompanied by a minimum of two years appropriate and related experience in a human services related area.

Current CPS Mandated Training Requirements

First three weeks:

The following on-line courses are required to be completed no later than within the first three (3) weeks of employment and are prerequisites for other CPS mandated courses:

- CWSE1002: Exploring Child Welfare
- CWSE1500: Navigating the Child Welfare Automated Information System: OASIS
- CWSE5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training

First three months:

- CWS2000.1: Child Protective Services New Worker Guidance Training with OASIS.
- CWS2010: CPS Ongoing (for ongoing workers only)
- CWSE1510: Structured Decision Making in Virginia

- CWSE5011: Case Documentation

First 12 months:

- CWS1021: The Effects of Abuse and Neglect on Child And Adolescent Development
- CWS1041: Legal Principles in Child Welfare Practice
- CWS1061: Family Centered Assessment
- CWS1071: Family Centered Case Planning
- CWS1305: The Helping Interview
- CWS2011: Intake Assessment and Investigation in CPS
- CWS2021: Sexual Abuse
- CWS2031.1: Sexual Abuse Investigation
- CWS4000: Identifying Sex Trafficking in Child Welfare
- CWS4020: Engaging Families and Building Trust-Based Relationships
- CWS5011: Case Documentation
- CWS5307: Assessing Safety, Risk and Protective Capacity
- CWS6010: Working with Families of Substance Exposed Infants

First 24 months:

- CWS1031: Separation and Loss Issues in Human Services Practice
- DVS1001: Understanding Domestic Violence
- DVS1031: Domestic Violence and Its Impact on Children
- CWS2141: Out of Family Investigation (if conducting out of family investigations)
- CWS4015: Trauma-Informed Child Welfare Practice: Identification and Intervention
- CWS5305: Advanced Interviewing: Motivating Families for Change

Additional training requirement for CPS supervisors:

In addition to the courses listed, all CPS supervisors are required to attend the Family Services CORE Supervisor Training Series: SUP5701: Principles of Leadership, SUP5702: Management of Communication, Conflict, and Collaboration, SUP5703: Enhancing Staff Performance and Growing a Team, SUP5704: Critical Issues in Family Services Supervision, and SUP5705: Trauma Informed Leadership and Developing an Organizational Resilience Culture.

Other trainings for CPS workers and supervisors are outlined in the Training Plan.

Education for CPS workers (data from OASIS)

Maximum Educational Attainment Level of CPS-Assigned Staff		
	#	%
High School	68	8%
Associate Degree	14	2%
Bachelor Degree	606	68%
Masters Degree	183	21%
Not Available	21	2%

Grand Total	892	100%
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General Field of Study Among CPS-Assigned Staff		
	#	%
Behavioral Science	21	2%
Counseling	32	4%
Criminal Justice	63	7%
Education - Counseling Psychology	3	.33%
Education - Early Childhood	10	1%
Education - Guidance & Counseling	4	.44%
Family Relations / Child Development	2	.22%
Human Relations	26	3%
Juvenile Justice	1	.11%
Other	124	14%
Psychology	122	14%
Public Administration	5	1%
Social Work	329	37%
Sociology	47	5%
Not Available	103	12%

	Bachelor Degree	Bachelor Degree %	Masters Degree	Masters Degree %	Grand Total
Behavioral Science	19	3%	2	1%	21
Counseling	12	2%	20	11%	32
Criminal Justice	56	9%	7	4%	56
Education - Counseling Psychology	1	.17%	2	1%	3
Education - Early Childhood	9	1%	1	.55%	10
Education - Guidance & Counseling	2	.33%	2	1%	4
Family Relations / Child Development	1	.17%	1	.55%	2
Human Relations	17	3%	9	5%	26
Juvenile Justice	0	0%	1	.55%	1
Other	97	16%	27	15%	124
Psychology	115	19%	7	4%	122

Public Administration	1	.17%	4	2%	5
Social Work	231	38%	198	54%	329
Sociology	45	7%	2	1%	47
Total	606	100%	183	100%	789

CPS caseloads **2021 Update**

Virginia does not have a caseload standard for Child Protective Services. To determine average caseloads, the Assignments by Role report from SafeMeasures was used. Case types include: CPS and Foster Care; Family Assessment; In Home Investigation; Ongoing CPS; and Out of Family Investigation. The average case load for calendar year 2020 was 4 cases. The average Maximum Number of Cases for calendar year 2020 is 43 cases.

Month	Primary Assignment	Maximum # Cases Primary Assignment
CY20 Average	4	43
January	4	43
February	4	39
March	4	29
April	5	28
May	5	26
June	5	26
July	5	23
August	5	26
September	4	22
November	4	23
December	4	22